PARENTS AND THE PRE-SCHOOL CHILD

964

BY

WILLIAM E. BLATZ, M.B., PH.D.

Associate Professor of Psychology, University of Toronto; Director of the St. George's School for Child Study; Member of the Research Staff of the Canadian National Committee for Mental Hygiene; and Consultant of the Juvenile Court Clinic, Toronto.

AND

HELEN BOTT, M.A.

Instructor in charge of the Parent Education Division of the St. George's School for Child Study, Toronto; and Associate in Parent Education under the Canadian National Committee for Mental Hygiene.

WITH A FOREWORD BY

SIDONIE M. GRUENBERG

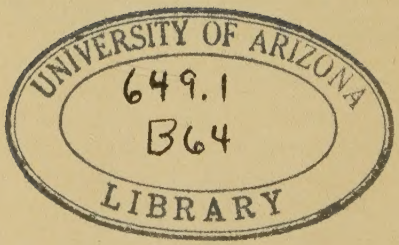
Director, Child Study Association of America, and Consultant in Parental Education, Child Welfare Research Institute of Teachers College, Columbia University.

NEW YORK

WILLIAM MORROW AND COMPANY

COPYRIGHT - - - 1929
BY WILLIAM MORROW & CO., INC.

Published, March, 1929
Second printing, November, 1929
Third printing, November, 1930



PRINTED IN THE U. S. A. BY
QUINN & BODEN COMPANY, INC.
RAHWAY, N. J.

PREFACE

THE emphasis in the field of child study, and especially in connection with behavior problems of childhood, has generally been placed upon the clinical study of cases presenting peculiar and pathological conditions. Because of this approach we have such concepts as pathological lying, the constitutional psychopath, kleptomania, etc. In this book the emphasis is to be upon a philosophy of training for the "normal" child.

Any one who has worked with children knows that in every child there are manifest certain forms of behavior which are potentially the background for more serious conditions. Thus, most children at some time or other bite their nails, suck their thumbs, masturbate, lie, steal, deceive, lose their tempers, etc. But these expressions in themselves usually connote more than the facts concerned, they also indicate the attitude which the average adult has towards such behavior patterns and towards such children. Failure to differentiate between the behavior facts and our evaluation of them is one of the main sources of loose thinking and mistaken practice concerning the management of children. Behavior difficulties may generally be regarded not as a sign of deterioration or degradation or criminal instincts or constitutional inferiority, but as indicating a lack in the child's training of a reasonable and commonsense preparation for the extremely intricate social adjustment which he has to make.

The book aims to point out ways and means of avoiding the pitfalls that lie in the way of every normal child in the course of his social adjustments. The pitfalls themselves are dependent upon the heritage both of bodily nature and of social conventions indigenous to the community. From this point of view a philosophy of training must be biological as well as social in outlook; its principles will pertain both

83044

to the infrahuman and the human, touching general rules of adjustment which apply throughout the living world. Moreover, the particular community or society or herd will have its own specific laws and conventions to which the individual must adjust.

The task here before us is neither new nor easy; in fact it is extremely complicated, but extremely practical. Those of us who are parents or who are otherwise responsible for the well-being of children, will freely sympathize with the need for some technique or general plan of approach to assist in threading our way through the maze of complexity in understanding the child. Almost any plan is better than none; whatever plan is offered, no one would expect thereby to avoid all difficulties; but we would legitimately expect through it to be able to foresee some of the major points of difficulty and to avoid those pitfalls by altering or preventing the conditions which were most likely to lead in that direction. The main emphasis in the technique we have to offer will, therefore, be upon prevention rather than cure, to grasp certain principles which can be utilized to facilitate the normal adjustment process.

In designing the book, the authors have kept in mind the needs of all of those who have to do with the training of young children, either in the capacity of direct supervision or in the capacity of adviser. The former would comprise mothers, nurses, teachers, heads of institutions for the care of young children; the latter would comprise clinicians, social workers and public-health nurses, etc. The arrangement is especially adapted for use by parent-education groups.

The book is divided into three parts. The first and largest part consists of ten chapters comprising topics which we have found to be fundamental for parents in the understanding and guidance of the pre-school child. The second part is a brief exposition of the broader implications of child study and parent education showing their relation to the more inclusive conception of mental hygiene. This is designed primarily for professional workers, graduate students, leaders in parent education and others of like technical interests. The third part consists of forms used in our

clinical consultation service and of records for the use of parents in observing their children.

Part I

This endeavors to deal directly with those aspects of the behavior of children with which parents most frequently find difficulty in the earliest years, utilizing concrete situations in order to formulate general principles. Two of the ten chapters are devoted to certain basic concepts such as emotions and habit formation which are so essential to an understanding of children. Our aim is thus educational rather than the giving of specific advice. The choice and arrangement of topics is not a random one; it has been evolved through careful experimentation by canvassing the needs of parents as expressed in group discussion or in private conference, and has been found in practice to form a logical and integrated whole. Certain aspects of child training, such as principles of the management of children (obedience, companionship, use of money, etc.), which are important in the process of social adjustment of young children, have been reserved for treatment in a later work. What is here presented, furnishes, according to our experience, the most suitable material for an *introductory* study of the young child, particularly at the stage of passing from infancy to the beginnings of greater self-dependence. Moreover these basic biological considerations are so important for all later stages that we believe an understanding of them is essential as a starting point even for parents whose children may be beyond the pre-school age.

Appended to each chapter is a topical outline, a selection of illustrations and a case study. The outline is used to focus discussion in parent groups as well as to guide the thinking and reading of the individual parent. With each outline are included references for further reading as well as typical questions selected from those most commonly asked by members in study groups.

The illustrations which follow the outline have been selected from verbatim reports which are kept of all our group meetings. They are typical of the observations and sugges-

tions that mothers make of their own children, and show the wide variety of material upon child rearing which can be obtained from parent groups. Such material, systematically organized, is the basis of our selection of main topics and of the emphasis within a given topic. To a degree perhaps not apparent to the casual reader our whole presentation has been shaped by the trends shown in these informal questions and comments by parents; they form the point of departure from which the leader endeavors to elaborate and guide the thinking of group members. It is hoped that this illustrative material may provoke still further fruitful discussion.

Lastly, the case history, appended to all but the two general chapters of Part I, illustrates the detailed approach taken in the clinical consultation service of the St. George's School. The arrangement of material in the histories will be made clear by reference to the Consultation Forms and the general comments on Methods of Examination which precede them in Part III. The cases have been selected to illustrate special problems which may be encountered under each major topic. They also demonstrate how the principles set forth in Part II may be employed as a therapeutic discipline in concrete situations.

Part II

The attempt is here made to sketch briefly the main trends that have marked the development of the mental hygiene movement up to the present time when prevention rather than cure has become the objective, with scientific child study recognized as an important means to this end. From this standpoint parent education is already a force in mental hygiene practice and in future will become one of the main avenues for the application of mental hygiene principles, namely through the parents in the average home. And from the side of scientific investigation parent education is also proving to be one of the most fruitful sources for obtaining data in regard to the earliest factors that contribute to mental health as well as to mental illness. To see the significance of parent education in relation to this larger perspective is

important for those who are responsible administratively for the common weal. This wider outlook may also be of interest to the reflective parent who in addition faces the immediate problems of child rearing.

Part III

This contains the forms used in our clinical consultation service for parents and also those used in carrying out the investigations upon which the findings of this book are largely based. Charts are presented which may be used by parents to record their child's progress in any one of the developmental stages discussed throughout the book. These are arranged and described so that they can be utilized by the mother who is intelligently interested in learning how to observe her child.

Our presentation may at times assume that dogmatic tone which is apt to invade any work designed for use in teaching, but this spirit is foreign to the intention of the authors. It is realized keenly by the authors that this book is in no sense the final word in this field, and we recognize that the greater portion of the detailed information necessary to evolve an ideal scheme is only too patently lacking. The material herein incorporated is the result of systematic work with parent groups and children conducted over a period of four years. Most of the suggestions and concepts have been found of practical worth in the work here undertaken, and it is in this spirit that the publication of them has been undertaken. It is our hope that in this period of growing interest in child study, some such organization of material as is here presented may be of interest and perhaps of assistance to others working towards the same goal, namely, "How can we best train our children?"

Acknowledgment is here made to many kind co-workers whose assistance and coöperation have made this book possible: to Prof. E. A. Bott for innumerable suggestions and for his untiring critical and constructive advice; to members of the Department of Psychology of the University of

Toronto; to the staff of the Nursery School and of the Parent Education Divisions of the St. George's School for Child Study who have helped to collect and organize the material; to the staff of the Canadian National Committee for Mental Hygiene through whose kind offices this whole plan of study has been made possible; and to the many others who have given opportunity for studying the child in his varied activities, particularly the Toronto Board of Education and School staffs, the Toronto Juvenile Court and the Department of Health, the Infants' Home, and members of our parent groups.

St. George's School for Child Study,
Toronto, Canada.
November, 1928.

CONTENTS

PREFACE iii

FOREWORD xi

PART I—THE PRE-SCHOOL CHILD . . 1

CHAPTER

I. Why Study Our Children? . . . 3

II. The Appetites and Habit Formation . 27

III. Habits of Eating 47

IV. Habits of Sleeping 71

V. Habits of Elimination 91

VI. Habits of Play 113

VII. Sex-training 146

VIII. The Nature of the Emotions and Attitudes 175

IX. The Fears of Children 200

X. Temper Tantrums 223

PART II—PRINCIPLES OF MENTAL HYGIENE AND CHILD STUDY . . . 245

CHAPTER

I. What Is Mental Hygiene? . . . 247

(a) Early approaches 247

(b) The genetic conception 255

(c) General considerations concerning method 262

to insure, through constructive efforts, the optimum development of powers and of satisfaction.

The book is especially welcome because through its illustrations of the principles developed and through its case studies it furnishes a concreteness that must be helpful both to the beginner and to the trained leader. It is thus a valuable supplement, not to say corrective, for more academic treatises in this field. The organization of the material makes it suitable both for systematic study by organized groups and for the use of the individual parent or teacher who is concerned with the pre-school child. I hope that leaders and parents in increasing numbers will avail themselves of the benefits which this book places before them.

SIDONIE MATSNER GRUENBERG.

New York, 1929.

PART I

THE PRE-SCHOOL CHILD

CHAPTER I

WHY STUDY OUR CHILDREN?

WHY are people to-day showing so marked an interest in child study? Twenty-five years ago the suggestion that mothers should band themselves together in groups to study their children would have met in most quarters with incredulous amusement. It is true that in New York Felix Adler had in 1888 organized the first group for parent education, but he was as far in advance of his time in this as in other phases of practical ethics. The time was not yet ripe for such a movement to assume widespread dimensions. To-day, while there are still scoffers, yet many parents, especially mothers of young children, are eager to devote themselves to a systematic study of their children. What has brought about this change in attitude?

Personal and often trivial reasons usually provide the immediate impulse towards study groups—Jane's ungovernable temper, Johnny's dramatic refusal to eat his porridge, or even a neighbor's insistence that one should join a group in her company. But for underlying reasons one must try, first, to trace some of the various trends of thought which are making people realize the significance of a study of their child, and, secondly, to indicate the changes in the conditions of home life which are making parents conscious of new problems and of their inadequacy to meet them.

No movement is really new in the sense of being without antecedents, but the contributing causes are sometimes obscure and usually various. Thus in trying to explain the fact that child study and parent education are "in the air," so to speak, to-day, one may find that seemingly unrelated movements have contributed to create that general air of expectancy and interest which makes the formulation of a new study possible. Certain trends in scientific work have

paved the way for this new practical discipline, and it is impossible to understand either the genesis of the new movement or the particular form which it has taken without some understanding of these preparatory forces.

Psychological Studies.

Jean Jacques Rousseau, the precursor of many movements in modern thought, wrote in *Emile* in 1762: "I wish that some discreet person would give us a treatise on the art of observing children, an art which would be of immense value to us, but of which our fathers and schoolmasters have not as yet learned the rudiments."

This wish began to be realized towards the latter part of the nineteenth century, when Preyer in Germany published his work on the *Mind of the Child*—a series of detailed and systematic observations on his own child from birth to three years of age. His example was followed by other writers in Europe and in America—Miss Shinn's observations on her niece—published in abridged form as the *Biography of a Baby*—being the best known of the American productions. William Stern's *Psychology of Early Childhood* is another well-known work based on diary records of his own children. With such observations recording the child's accomplishments from day to day, child psychology as a distinct branch of the general subject of psychology came into being. These early ventures in observation, together with the systematic study of animal behavior, laid the foundation for a genetic psychology, that is, a psychology of development. The orthodox psychology of the day was concerned in laboratory experiments of a highly technical and intellectualized character—remote from the common situations of daily life. These early observers of children turned from laboratory abstractions to the concrete situation and attempted by this new method to find a fresh approach to the problem common to all psychology—an understanding of the nature of man. Experimental psychology was trying to take a cross-section of experience and explain it; but the exponents of genetic psychology took over the method of the biological sciences and tried to explain the nature of man

by describing the process of his development; showing how each stage of growth arose from what preceded it, and in turn gave birth to what was to follow. The study of the child was thus only one part of the whole, the complete process of development being the object of such studies, but the childhood stage is first in importance as in time.

This approach modified in certain fundamental ways the customary attitude to the child. Once people seriously undertook to look at children for what they were, it was no longer possible to regard the child as a little man, an adult in miniature, nor to measure his behavior with the yardstick of the adult. Childhood must be accorded an independent value. Early educationists, Rousseau, Pestalozzi and Froebel, had already emphasized this position, which now received reënforcement from the work of the early child psychologists. Childhood began to come into its own rights, and instead of the child being explained in terms of the adult, the adult came to be interpreted in terms of the child.

To trace the various stages in this new discipline of child psychology would be beyond our present purpose. Only certain fundamental points in regard to method can be mentioned here. The first method employed, as we have indicated, was that of the uncontrolled observation of one or at most two children in a home situation. While this method has never been entirely abandoned, it was felt to have obvious limitations—notably the cases were too few to warrant any general conclusions, and the situation was limited to the relation between adult and child. G. Stanley Hall, one of the pioneer workers in the field of child psychology in the United States, attempted to secure a larger body of data by use of the questionnaire method. For some years it became the fashion to send out inquiries on all conceivable subjects relating to childhood experiences. While this method supplied an abundance of cases, it was too inaccurate for good results; people were either reporting their own childish experiences from memory—an obviously unreliable procedure—or they were giving second-hand general impressions of children. While such work, and especially the writings of Hall himself, stimulated wide-

spread interest, little was actually contributed to the exact knowledge of the subject.

A new method and new emphasis from the purely scientific side was given by John B. Watson in 1919, when, following his book on animal behavior, he turned more definitely to the human side and published his *Psychology from the Standpoint of a Behaviourist.* In a chapter on the Emotions he described his attempts to study the genesis of the emotional life by experiments with infants and young children. The results of Watson's experiments will be described in a later chapter; the significant point to note here is that for the first time children were studied under controlled conditions—in a series of experiments which could be duplicated by other workers. The early stages of observation had given place to the more accurate technique of experiment.

But, in addition to this, the emphasis on emotion as a subject for investigation was of great significance. That the emotional life of children turns largely upon their early experiences, that habits of emotional life are thus built up in childhood which may make or mar the whole life of the individual, came to be one of the determining ideas in child psychology.

These two considerations—the feasibility of experiment in studying young children, and the importance of early emotional training—were to have important consequences for the later developments of child study. It remains to be seen how from another angle of approach a similar emphasis in regard to the emotional life of the child was being made.

Clinical Studies.

Freud, a physician practicing in Vienna mostly with adult patients, neurotics of various types, claimed that the cause of the personality disorders which he treated was to be found in some shock, some violent emotional experience, of early childhood. By his method of psycho-analysis he endeavored to bring into consciousness the repressed memories of such shocks as a first step in effecting a cure. We

are here not concerned with the method or claims of Freud, except to point out that one by-product of the amazing notoriety which his work attained in the popular mind was the attention thus called to the emotional character of early childhood experiences and their importance as controlling factors in adult life.

Such an emphasis came also from other clinicians. Psychiatrists, accustomed to treating mental diseases in their fully developed forms, tended more and more to think in terms of a long history of development. They began to press back to the first stages of experience and to search in the early environment of the individual as much as in hereditary factors for the cause of the disorder. The Mental Hygiene movement in the United States and Canada reflected this same tendency. Concerned at first with adequate institutional care for the insane and feeble-minded, those interested in the hygiene of the mind began later to turn towards prevention programs, and in regard to mental disease prevention seemed more and more to be a matter of securing the right environment for the child in his early years. The control of the home situation in order to provide right training for the young child thus became the objective of a constructive program of mental health.

Reënforcing evidence as to the importance of the child's early experiences came also from Habit Clinics which grew up to deal with undesirable forms of social behavior in children. Social agencies of various sorts were constantly encountering children who, for one reason or another, were badly adjusted to their homes or to the community. These were not necessarily mentally defective children—often the reverse—but they were socially defective—they lied, they stole, they ran away from home and indulged in many other forms of asocial behavior. What could be done for them? Habit Clinics, such as those of Dr. Thom in Boston, Dr. Esther Richards at Johns Hopkins, and Dr. Wile in New York, to mention only a trinity of the best known, were the answer. Trained clinicians who combined medical with psychological and psychiatric experience examined these children in order to discover the causes of their evident maladjustment. The findings of these workers corroborated

the view that personality disorders were largely due to faults of management within the home, and especially to some dislocation in the child-parent relationship. The reëducation of habit therefore became one of the main objectives.

The various types of clinical approach which we have mentioned were all concerned with abnormalities of behavior. But the value of early habit-training was demonstrated from the normal and positive side by the work of the pediatrician. The contribution of pediatrics to the field of child study can hardly be over-estimated. The publication of Dr. Holt's *Care and Feeding of Children* marked an epoch. It conveyed to the mothers of the generation to which it was addressed the idea of a positive régime of right physical habits as essential to the child's health and well-being. Previous to this mothers had brought their children up by rule of thumb, the child's demands being the gauge of the mother's behavior. Thus, if the baby cried he was fed, if he was fretful he was rocked or dandled, if he had colic he was walked the floor with, this being accepted as all in the day's work in bringing up a baby. All this Dr. Holt and his followers significantly changed. Instead of the baby's demands, the routine laid down by the specialist prescribed the rule for the mother to follow. Regular times of feeding and hours of sleep, freedom from distraction, were all secured for the child with startling results in his health and happiness.

Besides demonstrating the importance of a good routine for health, such a system of training did still more; it taught mothers to respect the welfare of the child and to make this their first consideration. Once the value of such a routine was demonstrated, parents were more ready to forgo their own pleasures rather than to disturb the child by taking him out at night, for instance, waking him up to show to visitors, or allowing strangers to handle and caress him. When children grew up haphazard such interruptions did not seem to matter; once the importance of regularity and consistency in physical care was grasped, the old careless practices stood condemned. We may hope to see an analogous respect for the *mental* integrity of the child as a result of improved methods of mental training.

Educational and Practical Influences.

From the time of Froebel on, the training of young children had been emphasized in educational thinking, the spread of the Kindergarten movement in America serving as a practical demonstration of the value of his ideas. The work of Madame Montessori in Italy, with its far-reaching influences on schools in other countries, the growth of "free" kindergartens and various other experiments in primary education had served to emphasize the value of activity in the régime of the young child. It remained, however, for a new movement, growing up outside the pale of the regular educational system, to give the most pronounced impetus to the education and study of the young child that had yet been received.

This was the Nursery School, first developed in England in poor parts of the larger cities as an emergency measure to meet special conditions affecting homes during the War. Its affinities were with health and child-welfare work rather than with academic or educational interests. But almost by accident they opened a whole new field of inquiry in regard to the early life of children. The pre-school child had been discovered by chance. Attention was called to this most neglected phase of child life in a thoroughly practical way. Physically the child of from two to five years of age was found to be falling between two stools. Child-welfare centers and baby clinics looked after the infant—school doctors and nurses supervised the health of the school child, but between them the pre-school child was neglected. Educationally he received even less attention—indeed, it was assumed that he was too young to be educable. Yet the experience of the early nursery schools demonstrated that this period could be utilized to great advantage for training in the basic physical habits—eating, sleeping, etc.—and that the companionship of children—groups under trained supervision—afforded an unparalleled opportunity for training in social adjustment.

The Nursery School movement spread to America where it assumed a somewhat different form. Experimental workers were quick to seize upon its possibilities—pedia-

tricians, nutrition experts, psychologists, anatomists, interested in physical growth, dental investigators and other specialists in various departments of science saw in the nursery school a situation in which observation and study of young children could be carried on under uniquely favorable conditions. Thus many nursery schools were established at university centers, sometimes in the form of an Institute, or often connected with some special department, such as Home Economics, Education, Psychology, etc. In all such circumstances, research upon various aspects of the care and development of the pre-school child and the training of special workers were accepted as objectives.

Obvious as the advantages of such a procedure were, it also had limitations, particularly in the direction of departmentalizing the child with each science concentrating upon some one phase of the child's development. Meanwhile, the concrete living child might still elude these specialists and remain an enigma—at least for his parents. Again, college-trained women, more numerous in this generation than ever before, may have had extensive training in one branch of science or another, but later when confronted with the twenty-four-hours-a-day task of caring for a baby, they were compelled to wonder what help their science is in this most real of problems. Scientific *method* had still to be applied to the concrete problems of child life at home and at school. The great problem to which *all* nursery schools addressed themselves was that of discovering what constitutes the most favorable environment for the pre-school child. What conditions, physical and social, will best foster the development of the child? In particular, how may those habits be formed in the pre-school period which shall be serviceable throughout the life of the child?

The answers to these questions cannot be immediately supplied. Indeed, it is often stated that only by the ripe fruits of adult life can one assay the value of early training. This is perhaps too difficult a test to be capable of strict application since life is a continuous process of adaptation to changing circumstances. Satisfactory adjustment, at each stage of development, a happy, contented, progressing child is probably the best measure we can find of the worth

of any method of training. The opportunity for systematic study provided by nursery schools has already brought to light certain principles of habit formation and social training which are of great importance for parents when applied in the home.

It is sometimes felt by those who are critical of this new movement that the nursery school relieves parents of their responsibilities. Nothing could be farther from the truth. As a matter of fact, what the nursery school has done is to demonstrate the inadequacy of the methods of training commonly employed in homes. To provide the child with suitable surroundings and an enlightened discipline during the day and to have the work of the school undone by the home over-night would be in no sense a constructive program. The education of parents and their coöperation with the school became necessary as a corollary of the training of the child. To train mothers in the same principles of child management which were found effective in the nursery school became, therefore, one of the objectives of the new Child Study movement.

Now, this attempt to train parents was not a new thing. Parents had already set about the task of training themselves! Certain organizations, such as the Child Study Association of America, the Parent Teachers' Associations, Home and School Clubs, the Mothercraft Guild and others, had already a long history of work in the field of parent education. Such early groups represented one phase of the general tendency towards club organization among American women. That in turn was part of the movement for adult education which is already assuming such importance at the present time. The idea underlying the various manifestations of this movement towards adult education is simple but profoundly significant. It is that there is no arbitrary bound to the learning period, but that the learning process can and should continue throughout life. The spontaneous impulse among groups of women to gather together for studies of various sorts is but one expression of this new motive; its far-reaching consequences and possibilities we are only beginning dimly to realize.

Thus the two extremes in the educational scale—the pre-

school child at one end and the parent at the other—are seen to meet. The interesting thing to note is that it is no longer the child who is to be studied as a thing-in-himself; it is the child in his environment, and, more particularly within that environment, the child in relation to his parents. From habit clinics and from nursery schools the evidence on the importance of the child-parent relationship was overwhelming. Now, this relationship could be studied most adequately through groups of parents. Only parents could observe the home situation without introducing an alien factor which would change the whole situation to be observed. We have, therefore, the unusual situation of the parent being induced to study the situation of which she is herself a part. Could she so detach herself emotionally from her relation to her children, that she could take an objective and impartial view of her own behavior as well as that of her child? If she could do that, her contribution to the field of child study would be greater, because more intimate, than that of any other studies within the field.

It is time to pause and sum up briefly some of the points already covered. We have tried to show how from a bewildering variety of angles interest has converged on the development of the young child and how the mother, coming last on the scene as student, is really the one who holds the position of advantage in regard to the study of the child.

What are the points of emphasis in child study at present? First, the need for training in the basic physical habits; secondly, the importance of emotional control; and thirdly, the significance of the child-parent relationship.

Through a variety of means information has been collected in regard to these various matters; parent-education groups are at once a means of disseminating such information and of getting still more knowledge from the ones who know their children best—the mothers.

So much for the general approach to child study, beginning from the circumference and working in to the center of the problem. We have seen what influences from without are impinging on the mother and urging her to a study of her child. In recent years, books, lectures, radio talks, popular magazine articles, have been subjecting her to a

battery of advice and admonition in regard to her problems. Is there from within the home any indication of a corresponding need? Are parents conscious of needing help with their children? The parent of yesterday is apt to ask: Why all this commotion over doing what we did without any more help than love for our children and common sense?

Changed Material Conditions.

One answer is that conditions of living have changed so rapidly in the past few years that an entirely new set of problems now confronts us. Mechanical inventions have changed the whole complexion of home life. Labor-saving devices and the application of electricity to household tasks have lightened the physical burden of housework and given women a larger measure of leisure. Standards of comfort are higher. The inventions of the telephone and the motor-car have enormously speeded up the process of living, while the radio and the movie have modified the nature of our amusements.

New occasions are supposed to teach new duties, yet actually many people are trying to live a twentieth-century life with a nineteenth-century mind and conscience. A simple, pioneer society carried its own discipline with it—the very effort needed to get the necessities of life demanded energy, perseverance and courage. Children, for instance, had to do chores or the work of the household could not be properly done. Commodities were scarce and frugality the rule of life. Nowadays, when so much of our work is done for us—when foods, furniture, clothes, come ready made, the training supplied by the old type of life is lacking. Can we remedy this by tacking on a few artificial tasks to the child's day? Only a thorough appreciation of present conditions and revision of our practice in harmony with the real needs of the present time can furnish a basis of adequate social discipline for our children.

Changing Attitude to Authority.

Consequent on the material changes described, a change in attitude to authority has come about. Doubtless it is characteristic of every young generation to question the dicta of the generation which has gone before, but the development of scientific thinking as well as the general upheaval of the social order brought about by the Great War, greatly exaggerated this tendency in the present day. In politics, in literature, in religion, as well as in the home, tradition is severely shaken. This disruption of belief is not confined to the young—uncertainty has seized on their elders as well. "Our parents," Mrs. Gruenberg, Director of the Child Study Association, has said, "had the enormous advantage over us of always knowing what was right to do; we neither know what to do, nor whether we are right when we do it."

Government by maxims needs to be superseded by government by knowledge. Most adults of to-day can remember certain unquestioned rules by which their parents meted out judgment—"Spare the rod and spoil the child," "Children should be seen and not heard," "Instant obedience," are cases in point. To-day people are questioning these unquestioned assumptions and are asking for proofs in experience for the rules that they are taught to apply in child-training. At least, intelligently skeptical parents are doing so—unfortunately there are still many parents who are only looking for new catchwords for old, whose appeal is: "Tell me some simple thing to do and then I will do it." The attitude of authority dies hard, and only slowly can people be taught to substitute what one might call the experimental temper for the claim of authority. But parents are awakening to the need of understanding problems for themselves; they are demanding help, education for parenthood, teaching rather than telling.

Attitude to Failure.

With the growing belief in experimentation and in a demonstrable relation between cause and effect there is developing on the part of parents and in the community at

large a growing sensitiveness to failure. A more or less fatalistic attitude to physical disease, to moral dereliction, used to be assumed. Illness, for instance, was an act of God. To-day we may still reserve that description for certain epidemics of whose nature little is known, but with the progress of medical science the conviction is steadily growing that, if people are ill, it is because they, or some one associated with them, have made some blunder. Prevention, therefore, has become one of the keynotes in modern medicine.

As regards social failure a similar conviction is gaining ground. There used to be a sentimental hymn much in vogue some years ago, "Where is my wandering boy to-night?" Doubtless this cry was echoed by many good mothers who felt themselves blameless in regard to their child's evil fortune. To-day we are not so sure. We are coming to have an uneasy suspicion that, if our child turns out badly, we as parents may have something to answer for. Not, of course, that one can ever guarantee the outcome of any process so delicate and complex as that of bringing up a child. Nevertheless, the tendency of scientific thinking to-day is to discount the predetermining influence of hereditary factors and to put the weight of emphasis on early conditions of home life as largely controlling the success or failure of the individual. Parental responsibility is by so much the greater.

Parents and Children.

The parent-child relationship is thus felt to be the very core of our whole problem. It is very often the difficulties inherent in this relationship which drive parents to the search for some trustworthy guide to follow in difficult problems of control. Our children are ours, and therefore uniquely interesting and delightful. They are a never-failing source of interest to us—if not to our friends—and we welcome the chance to discuss them. But this is not all—if the relation were a smooth and satisfactory one, social occasions would suffice to indulge our complacent feelings.

It is really because children are so difficult and so annoying that we feel that we must do something about them. If they were always gentle, docile and satisfactory in their behavior, we should have no study groups. It is important to recognize that conflict between parents and children is just as fundamental a part of the relationship as is the attraction of love and sympathy. The relation between parent and child never remains the same—it is in the nature of things one of passing dependence—the child's interests and those of the parents are bound at many stages to interfere with one another.

The mere fact of being born at different times makes an insurmountable difference in attitude—the adolescent and the adult, for instance, speak different languages and seem to live in mutually exclusive worlds. The parent who tries to be a pal to her children is in considerable measure attempting the impossible and storing up trouble for herself in the attempt. Better to recognize the difference, even the clash of interests, study it, and then try to adjust the relationship with as little friction as possible. We cannot escape the relation and its obligations, hence our best recourse seems to be to understanding it.

Such being, in general, some of the present difficulties of parents, how, they may ask, can any course of study help them? Perhaps the most it can do is to help us to understand ourselves. Where have we derived our ideas of child-training? How far do our methods with our own children represent conformity to or revolt from the methods by which we ourselves were reared? How far have attitudes established in childhood modified our outlook on life? Such heart-searching questions as these can hardly be avoided by the person who undertakes a course of study in any serious spirit. Difficult as it may be to face such questions, an answer to this may be the key to our children's problems. Understanding ourselves may be the quickest way to understand our children.

Again, by study and discussion we may learn to anticipate difficulties. Thus the basic principle of prevention operates. By understanding a situation we can the better cope with it when it arises, or perhaps prevent it from arising and be-

coming a serious problem. Numerous instances of this will appear in succeeding chapters.

Lastly, by study we may hope to attain to some degree an objective and detached attitude to our children. Such an attitude makes it possible for us to step out of the situation of which we are a part and thus to control it more effectively than if we remain emotionally bound within that situation. To cultivate such emotional detachment is a first pre-requisite for insight into the behavior of our children. This in no sense implies a weakening of one's affection, rather its enrichment through saner understanding.

OUTLINE I

WHY STUDY OUR CHILDREN?

I. *What* Child Study has to offer:
   Psychological emphasis—
      methods of observation and experiment;
      concept of development;
      importance of the emotional life.
   Clinical findings—mental hygiene of childhood;
      habit-training essential.
   Practical and educational field—
      significance of the nursery school;
      function of parent-education groups.

II. *Why* do Parents desire help?
   Changed material conditions.
   Changing attitude to authority.
   Intrinsic nature of child-parent relationship.

III. *How* Groups may help:
   Parents may learn to—
      understand themselves;
      anticipate problems;
      maintain an objective attitude.

IV. References:
   Blanton and Blanton, *Child Guidance,* chapter i.
   Thom, *Everyday Problems of the Everyday Child,* chapter iii.

V. Questions:
   1. To what extent have you used with your children the methods by which you yourself were brought up?
   2. If you have modified those methods, in what ways have you done so, and with what result?

ILLUSTRATIONS—I

WHY STUDY OUR CHILDREN?

I. *Attitudes of Parents to Their Own Early Training.*

(*a*) Complaisance.

"I use the methods my parents used. I make up my mind and stick to it. This was my mother's method. I try to be as reasonable as my own mother."

(*b*) Antagonism.

"I was quite determined long before I ever had a child not to use my mother's methods, as my mother was so stern that until I was fifteen or sixteen years of age I really hated her."

"I had everything done for me as a child; consequently I train my children to be independent. I let them try things that they cannot do—then they become reconciled to help when they really need it."

II. *Value of Anticipating Situations.*

"My five-year-old child came home from school with an apple and an onion which, he said, a lady on the street had given to him. By patient inquiry I found that he had picked them up off the pavement outside a grocer's stall. I talked quietly to him, explaining that they were not his to keep, and that he should always tell me at once just what had happened so that I could help him. Had this incident happened before I had thought about such situations in a child-study group I would have been deeply upset, feeling that my child was branded as a thief and a liar. As it was, I think that I was able to make him understand where he was in the wrong without frightening him away and losing his confidence."

III. *Changing Conditions Affecting Home Life.*

"To-day homes and yards are smaller. We live in congested quarters and children have little space in which to play."

"Children have to watch the traffic—this involves a severe nervous strain."

"More organizations work with children, their time is largely planned for and filled."

"Labor-saving devices have in a measure taken away woman's work and she must have something else to occupy her time."

"The general advance of medical science and psychology has made mothers discontented with old methods of doing things. They do not want to feed their babies in an up-to-date way and treat mental development in an old-fashioned way."

CASE I

ALEC. Age 3/4. M.A. 4/0. I.Q. 120.

Problem as stated by mother:

(Mother came to clinic with long list of problems written out with great care and details as follows. Only a small portion is given here to conserve space. Thirty-five points in all were cited.)

1. Biting nails.

2. Ate snow and ice. Explained that they were dirty and caused colds, sore stomachs. He continued till they melted.

3. Became excited when playing and took stick to glass pane in door. Asked to stop. Hit harder. Ordered to stop. Continued. Removed Alec to other room and used stick on his hand.

4. Slapped my face when I insisted that I wash his hands and face for tea. I hit back to show how hard it hurt.

6. Alec has just begun to wear pyjamas that open down the front. Would playing with his organs cause him to urinate every twenty minutes? Which is the best method of combating the situation?

7a. Alec kicks or throws the nearest object when his play does not go right—i.e. his blocks becoming stuck in toy engine so that he cannot remove them easily.

7b. He kicks bathroom door if I do not let him in.

7c. Alec hits me if I do not please him.

In all three cases the storm is usually up in a minute and over very shortly. They have not been as common since he has been sleeping in afternoon.

8. Bran muffins are not properly digested. Should they be discontinued completely?

9. As a child I picked at food in larder. Alec takes a pick whenever he sees food, especially cake on any table.

10. Knocked over box of ashes and scattered them around. Do you recommend tying his hands for such an offense?

12. Refuses to go to bathroom at noon and about 6 P.M. Played with him for about two minutes. Beginning to wet pants by time bathroom is reached.

15. Mud on Mrs. McLeod's door. What was proper procedure?

17. Does not sleep well if high wind blows around corner of house.

21. Least chill—urinates as often as five times in three hours. If he and I are both tired and I begin to nag, a series of wet pants will follow. A slight cold in the head and out among strangers will also cause wet pants. Then he won't urinate when taken to bathroom and will not ask to be taken. The same if left in lake too long. When over-tired or hungry will refuse to go to bathroom before dinner or tea. The more he needs to go, the more stubborn fight not to go. When in a temper the following has ensued: "I'll tell you when I want to go. I'll not wet my panties." Halfway through the meal, Alec begins to wiggle all over the chair. "Come to the bathroom with mother." "No." "I'm sure you need to go." "No, I won't." "Are you wetting your pants?" *"No."* Still wiggling, I'll carry him up in my arms to find clothes wet.

24. Promised not to take kiddie-car into mud between houses. Took it into newly dug flower-bed. Reproved. Went back to bed within two minutes. Told sand pile too wet to sit in—sat in it just the same.

27. At the breakfast-table: "Alec, please close eyes to say grace." "I won't." "Alec, close eyes." "I won't." Screams. His father says grace and Alec yells the whole way through it. His father may say, "Naughty boy to scream like that. Daddy will have to spank you if you do not stop." Father's explanation is that Alec does that to confuse him. Alec obeys his grandfather and never lets a squeak out of him, whether his father is around or not.

29. As soon as put to bed, declares he is itchy. Plain water rubbed on spot relieved the itch until he discovered the fraud. Then he demanded mentholatum.

History:

Family life:

Father: Well educated—mature—reasonable.

* Mother: High-school education—an only child—apprehensive—inclined to nag—unhappy over domestic situation—easily fatigued and irritated.

* Asterisks are used to indicate points in the history which are considered to indicate some degree of maladjustment. See Part III, "Methods of Examination," p. 309.

* Siblings: Alec is an *only child*.
* Other persons in home: Paternal relative—domestic problem centers about this aspect of domestic affairs.
Home: Comfortable—roomy—outside playground—separate room for Alec.
Obstetrical history: Negative.
Developmental history: Negative—very happy infant.
Present physical condition good.
Attitudes: Nothing unusual.
Motor: Early development.
Speech: Early development.
* Eating: Began at weaning to show peculiarities—would refuse special article of diet "for days on end"—humored him—coaxed him—finally spanked him.
Present situation: Eats fairly well but refuses to drink milk.
* Eliminative: Wet very frequently during the daytime—would wet himself deliberately during afternoon sleep if mother would not come at once, even though he had been taken to toilet immediately before being put to rest. Was taken up once at night and was dry throughout.
Bowel elimination regular with occasional soiling in daytime only.
* Sleeping: Restless sleeper—will not sleep with door closed or light out—wishes to play with father before retiring—irregular hours varying from 7 to 8.30 P.M. and sometimes till 10 P.M.—has separate room.
* Play: Plays with a girl neighbor four years old, who dominates him—he frequently comes home "tattling"—mother nags a good deal and supervises his play fairly rigidly—fairly regular hours.
* Sex: No early manifestations.
A few weeks ago began to masturbate—had changed from nightie to pyjamas with hole in front—was slapped and corrected—was seen taking his panties off in company with girl next door, in the side lane—this caused quite a furore. (This was the immediate cause of the child being brought to clinic.)
* Emotional—Fears: Has always been afraid of high winds—recently afraid of dogs.
Anger: Increasingly frequent temper tantrums—"Have tried everything including a good spanking, especially when I am sick and tired of it all."
* Self-tendencies: Is dominated by playmate—screams and kicks in a tantrum—cries very easily—bites nails.

* Discipline in home: Fairly regular hours—corporal punishment has always been last refuge—father and mother do not agree upon methods of disciplining—father takes little part in it except at intervals when he sees that mother is overwrought.
Relatives in home make discipline difficult and divide authority.
Neighbors are prone to gossip, criticize and offer unsolicited advice.

Diagnosis:

A normal, healthy boy, being brought up under very unsatisfactory conditions, viz. mother under strain, divided authority, inconsistent and inadequate discipline. An only child—poor eating discipline; inadequate eliminative training; bad sleeping routine; inadequate play routine; beginning sex curiosity; emotional instability; unbalanced self-tendencies.

Recommendations:

1. Mother to ignore the child during play hours outside—avoid corporal punishment—ignore petty disobedience, especially when the child *says* "No" but performs the act in question.
2. Eating: Reduce milk to a few ounces at breakfast and evening meal—eliminate from noon meal—incorporate the remainder of his rations in the cooking—give four ounces at four o'clock in the afternoon.
3. Start on a regular routine for taking to toilet—ignore other occasions even if wet except when the child asks to go, when he is to be commended—no comment other than to so state the fact if the child wets himself. Routine as follows: On waking—after breakfast—before lunch—after lunch; on waking—before tea—before going to bed.
4. Evacuation: Commend if he has movement after breakfast.
5. Sleep with door closed—lights out—regular hour of retiring—stop playing with father and substitute a quiet period of reading *before going to bed.*
6. Ignore masturbating—keep parts clean—see that pyjamas are large and roomy.
7. Ignore episode with girl next door—discourage tattling—do not watch too closely—try to make the garden interesting.
8. Soothe during fears—isolate in his own room during a

tantrum—this should be done *consistently*—under no circumstances use corporal punishment.

9. Discipline in home: Suggested discussing the problems that arose in her parental-education groups with her husband—try to disentangle domestic affair which was probably at root of whole situation.

10. Nail-biting was a symptom of the home turmoil—ignore until this could be dealt with.

Progress Notes:

Saw the mother at weekly intervals for two months. Careful records were kept—at the end of this interval the father was interested in the change in the home and came himself with the mother to the clinic—the whole matter was gone over and soon after that the domestic situation was cleared up by the moving of the relative.

Condition reported at end of three months:

1. Mother much happier—"I'm not worrying now; I leave him alone outside"—"You must have charmed him when he was here, he is so much better." (The mother still does not realize that it is the change in her that has been so effective.)

2. Wetting:

First week	14	times	involuntary	wetting
Second week	11	"	"	"
Third week	3	"	"	"
Fourth week	6	"	"	"
Fifth week	3	"	"	"
Sixth week	9	"	"	"
Seventh week	3	"	"	"
Eight week	2	"	"	"
Ninth week	No	"	"	"
Tenth week	2	"	"	"
Eleventh week	No	"	"	"
Twelfth week	No	"	"	"

Has begun to ask to go now and has stopped "spite" wetting during rest period absolutely. Soiled self only once in this interval—during period of cold after administration of laxative.

3. Masturbation "may go on but I haven't seen it."

4. "Have not punished him during this period"—removal to his own room was efficacious at beginning and now need only threaten it to stop a scene.

5. "Nail-biting still goes on but I am trying not to notice it too much."

Comment:

The interesting fact about this case is the great number of "problems" and the usual practice of centering the diagnosis about the *child* instead of the larger situation. With intelligent parents, such as these, over a period of time and with the excellent coöperation at hand, it was easy to show rapid progress. With the interest of the father aroused by the change in the atmosphere in the home from one of turmoil, nagging, irritation and strain to one of happiness and relative serenity, it was easy to maintain the condition in a consistent way.

There has been steady improvement over a period of twenty-two months to date.

CHAPTER II

THE APPETITES AND HABIT FORMATION

We touched in the first chapter on the importance of habit-training in young children. In order that parents may be able to regulate intelligently the habits of their children, they must have an understanding of two main questions: First, What is the raw material of the child's experience out of which habits are to be built up? and secondly, What are the laws of habit formation in accordance with which these crude original responses are modified into well co-ordinated systems of response acceptable to the society in which the child lives?

Native Forms of Response.

All behavior is built up from certain original forms of response which are native to the organism. As to what these original forms are, psychologists have been unable to agree. Instincts, reflexes, drives, are among the terms used to cover varying lists of responses. We propose to discuss original behavior as being of three main kinds, which ultimately converge in the self-tendencies characteristic of social situations. These three kinds are:

(*a*) The Bodily Appetites.
(*b*) The Emotions.
(*c*) The Attitudes.

We shall reserve the description and discussion of the latter two to another chapter, confining ourselves for the present to the bodily appetites and the function they serve in the growing-up process.

The Appetites.

What are the appetites? They represent the basic needs of the organism; they are its ways of taking from its environ-

ment those things which it must have if it is to live. They are thus forms of behavior which characterize living matter and whose satisfaction is necessary to the life of the organism.

We shall choose to distinguish six bodily appetites—hunger, thirst, sleep, elimination, play and sex. In subsequent chapters these will be discussed separately in more detail; our present purpose is to touch upon certain common general principles. With the first two appetites, hunger and thirst, or the desire for food and for drink, one might associate breathing, the desire for air. Breathing, because it is largely an involuntary process and therefore not subject to regulation to the same degree as eating and drinking, is commonly passed over. It is interesting to note, however, that in the East a whole philosophy of mental concentration is built upon a system of control of breathing. Thirst, again, is less amenable to control than hunger, although more largely a voluntary function than breathing. We have omitted its discussion in this treatise on the pre-school child, although, from the standpoint of training, its importance during the period of infancy and weaning is probably second to none.

All the bodily appetites operate in the form of rhythms, that is, the function is one of alternating activity and quiescence. Each of these correlative phases is as important as the other in the function as a whole, even though we may not ordinarily think of it in that way. Life can only endure provided the alternation persists and a kind of balance or harmony is maintained. The rhythmic processes that constitute the appetites are fundamentally physiological in character, the need of the organism setting the limits—rather widely it is true—within which the rhythms operate. Most of the appetites, of course, we vividly experience in daily life and on the conscious side they still exhibit the characteristic of rhythm. Thus to consider hunger. Physiologically this situation has many components; reflexes of sucking, swallowing and saliva secretion are concerned, but more important are the contractions of the stomach wall. The latter we experience on the conscious or mental side as the sensation of hunger. And when these contractions have ceased (as

upon eating food), the sensation of hunger gives way to the correlative experience of satiety. The sensory experience, therefore, is rhythmic as truly as are the organic processes that condition it, the state of hunger being correlative to that of satiety. Popularly this relationship may easily be overlooked because the sensation of hunger is the more conspicuous and compelling, but psychologically it is not more important than the state of satisfaction that succeeds it; the two phases constitute an ever-changing equilibrium. The mental side is, of course, more complex than is here indicated; for example, appetite (in the narrow sense of attitude towards food) involves the memory of former experiences with food. But of the way in which these various components are built up into the complex habits of eating we shall speak later. The main point at present is that the appetites are rhythmic in function, mentally as well as physically, and that in basis they are physiological rhythms.

In addition to hunger one finds in the body a more general form of motor rhythm in the sense of rest and activity. Some forms of organic life, low in the biological scale, seem almost to have achieved the secret of perpetual motion. But with all higher animals the alternation of periods of rest with periods of activity is characteristic. Now this is probably the earliest form of behavior to manifest itself in the developing child, for even *in utero* rest and activity (quickening) alternate in clearly marked fashion. The new-born child sleeps most of his time, but even in the deepest sleep some traces of activity (breathing, heart-beat, etc.) persist. As the child develops, sleep occupies less and less of his total time—that is, the periodicity of the rhythm between sleeping and waking is altered to meet the needs of adjustment to the environment. At no stage of development, however, can this third of our bodily appetites, sleep, be dispensed with—nor its mental correlate, the state of being awake, that is, relatively active.

On the motor side the correlate of sleep is body activity or movement, which appears in the young child mainly as play. This activity begins with the first stirrings of the fœtus, develops into the so-called random movements, kick-

ing, stretching, etc., of the infant, and is built up through the play life of the growing child into the highly coördinated work and play activities of the adult. Within this appetite the greatest range of development is possible. Yet the same fundamental impulse to activity underlies all these varied forms—from the random kicking and squirmings of the infant in his cot to the intricate enterprise of building a sky-scraper. Without change life is unbearable. To inhibit movement is extremely difficult. Watch, for instance, the struggles of the five-year-old who is trying to sit still! Then observe a room full of people gathered in conference around a table, the fidgetings, the crossing of legs and arms, the facial tics—the great range of fine muscular movements into which the active impulse overflows when the grosser bodily movements are suppressed. To inhibit movement, even for a few seconds, requires a high degree of control. Similarly on the mental side we cannot attend for long to an unchanging stimulus—whereas a changeful situation can hold our attention. To concentrate the attention without change tends to result in trance, or sleep—that is, consciousness and change are synonymous.

Elimination is also a fundamental bodily need. It is accomplished through the lungs, skin and excretory channels, the latter being the most significant in habit-training. The process of growth involves a long story of the gradual establishment of habits of control over the involuntary excretory functions (bowel and bladder) of the infant. Such conditioning is of the greatest importance both from the point of view of health and in relation to social sanctions.

Sex is the last appetite to be named, as it is the latest to develop fully in the life-history of the organism. The other appetites are definitely manifest at birth; the sex impulse reaches its characteristic development at puberty and later. For this reason training in sex habits is often neglected during the early years of a child's life because the parent feels that the child is not yet ripe for such knowledge. Such an attitude, natural as it is, involves certain fallacies. To begin with, although the child is not sexually mature till after puberty, stirrings of the sex impulse may appear even in early childhood. Secondly, the child's curiosity is bound

to be aroused in regard to sex organs and sex behavior. Such curiosity, if not intelligently satisfied, is likely to seek clandestine, unwholesome means of gaining the desired knowledge. To wait until the verge of adolescent experience is too late. Control of this appetite, the most troublesome socially to regulate, must begin early. Another consideration here enters. In preparation for sex development later, sex questions should be dealt with when they arise with the young child, but sex should not be overstressed for fear of stimulating unduly the impulse we wish to control. But more important still is the fact that sensible training in the regulation of the other bodily habits—sleeping, eating, toilet habits, and those of work and play—is perhaps the best foundation for a control of the sex appetite when it arises. In other words, to establish adequate habits of self-control in the earlier biological appetites is the best preparation for the child's achieving control of this last and most difficult appetite. In this sense sex education is not simply instruction in sex matters, it involves also a transfer of training from other basic appetites. Children of fourteen and fifteen who have learned to conform to a reasonable routine of the day's task—a time for work and play—regular meals—plenty of sleep—have the best chance of properly managing their sex impulses. Similarly, without such a system of controls it is difficult to see how one can hope to build up in the adolescent a wholesome, controlled type of sex habits.

The Conditioning of the Appetites.

Such, in brief, are the basic bodily appetites, the equipment common to every member of the human species, out of which the habits of his life are to be constructed. How, coming to our second question, are the complicated forms of human behavior built up from this original raw material?

The appetites represent, as we have said, the fundamental ways in which the individual reacts to his environment. They are the channels of activity into which the energy of the organism directs itself. There is behind each appetite so strong an impulse or drive, that the most that any form of control can do is regulate and direct, not eradicate. The

organism *must* move, *must* sleep, *must* eat, etc.; the most that we can do is determine within certain limits how these activities are to take place and be harmonized. This process of modifying the form of the original crude impulse is called *conditioning.*

Conditioning is possible because there is behind each appetite so strong a drive that not only is some sort of outlet or gratification a certainty, but other parts of experience originally indifferent can take on meaning by being associated with the original appetite. An example will make this clear. The experiments of the Russian physiologist Pavlov with the feeding of dogs are the classic illustration of the association of an indifferent with a biologically adequate stimulus. Pavlov used the hunger reaction, or rather one segment of that reaction, the flow of saliva, as his means of testing the adequacy of the associations he was going to build up. Food was presented to the dog and, by reason of his previous experience of the taste of food, the sight of the meat started the flow of saliva in the dog's mouth. By means of an ingenious apparatus the saliva was collected in such a way that both the amount and the time of the secretion could be ascertained. Pavlov's problem now was to associate some quite indifferent stimulus with the original stimulus—the sight of food—in such a way that the response would come to be attached, not merely to the sight of food, but to the other stimulus presented with it. This he did by ringing a bell whenever the food was presented. After this had been done for a number of times it was found that the original stimulus could be withdrawn—that is, the ringing of the bell alone was sufficient to produce the flow of saliva. The dog had been *conditioned* to respond to the stimulus of the bell.

Such a response was built up in this case by mere repetition—presenting the two stimuli together on a series of occasions. The effect of the association was found to wear off in time—that is, the animal's mouth would not go on watering indefinitely for the bell alone; there must be occasional repetitions of the original association, bell plus food, for the response to be maintained. It is interesting to note here that in similar experiments performed by Miss Florence Mateer

with children it was found that the speed with which a child *un*learned was closely related to speed of learning. Retarded children learned the association of candy and a bell slowly; they also unlearned slowly. Gifted children learned quickly but did not retain the association so well. We shall discuss the bearing of this point in relation to habit later.

Another procedure in addition to that of repeated association is that of conditioning by shock or "punishment." For example, a rat set to run a maze may be made to receive a slight electric current upon entering any wrong passage. An unpleasant association is thus made, and in future the animal avoids the passage where the current is. Repeated applications may not be necessary. One shock may be sufficient to set up a habit of avoidance which will last for the lifetime of the individual. For instance, a horse shies at a piece of paper at a certain point along the road—henceforth, whenever he passes this place he may shy although the real stimulus of the fear reaction has never been repeated. Similarly with a child, many repetitions of the word "hot" associated with the withdrawal movement may be needed before the word alone will suffice to keep the child away from the hot stove, whereas one experience of a burnt finger will make all further tellings superfluous.

Punishment, with children, is one use of the method of shock in order to establish avoidance reactions. As shock produces emotional reactions it will be discussed in connection with that subject later. For the training of the appetites the building up of positive reactions is of greater significance, hence the method of conditioning by repeated association is the one most commonly and properly used.

Let us see how this applies in a specific case of an appetite. The new-born infant is hungry and, if born at full term, he will usually take the breast without difficulty. But he has nothing that can be described as an eating habit. If left to himself he would take nourishment, but not in a regular way. Mothers used to allow a child to nurse at will, and even doctors subscribed to the old rule of "little and often." But modern pediatric practice has changed this. The intelligent mother does not now leave this matter to chance. On her doctor's advice she adopts a certain schedule

of feeding—every four hours, let us say. The baby is fed at that interval for a given length of time. Then he is put down, and no protests on his part will avail until the time for the next feeding arrives. This means that the child learns to be hungry not so much by his sensations as by the clock. In other words, he is becoming conditioned to a part of experience originally quite foreign to the hunger sensation. Now, of course, this can be done only within certain limits set by the nature of the physical organism. The man who had just trained his horse to live on one straw a day when it died is a case in point. Similarly with children, training must be in terms of what is possible and desirable for the child, and that can only be determined by a knowledge of both physiological and psychological facts.

What is the significance of habit for the organism? Why not allow each individual to be the arbiter of his own habits? The specious argument of following nature is here often advanced—specious because it is folly to assume that any creature can grow to maturity without developing habits of a sort. Even in intra-uterine life certain habits have begun —for example, of alternating rhythms of quiet and activity —and these habits multiply rapidly from birth onward. The question is whether we are going to expose a child to having his habits built up by chance, or whether we are going to control the situation so that he is enabled to form habits that will be increasingly serviceable to him as he grows older. In doing so we have two main objectives: First, the well-being of the physical organism, and secondly, the adjustment of the child to a social situation.

Let us take an example of the second type. An infant wakes and cries—his nurse takes him up and the child is pacified. The next time he cries and is again taken up. A few repetitions of this situation are sufficient to establish in the infant mind a definite association between crying and being taken up. The taking up, originally a foreign element injected in the situation by the nurse, has become an integral part of it. The child has an expectation that taking up will follow on crying. A habit has been built up, a habit with significant implications because the child has learned that crying is an effective means of social control. But suppose

that we had regulated this situation in a different way; that instead of taking the child up when he cried the nurse had waited till he *stopped* crying, assuming that the cry was a legitimate expression of hunger as the feeding time was near. Then, instead of the association, crying—taken up, we get the new one, stop crying—taken up. Parents may choose which of these two is likely to be more serviceable from the standpoint either of their convenience or of the training of the child.

The Value of Habit.

Habits may thus be described as learned forms of behavior, built up by association until a customary mode of response is organized in relation to a given situation.

One might enumerate some of the obvious advantages of good habits. They save time and energy. The first stages of habit formation are, as a rule, highly conscious—witness, for instance, the child learning to lace his boots or to write, etc.—but with practice the function drops to the level of automatic behavior and the attention is set free for other tasks. The person whose life does not fall into well-regulated habits is merely wasting conscious effort that might be set free for better uses. Life to-day is more complex than formerly, and it is the more important that our children learn to economize conscious effort and reduce the excess of mental strain through proper organization of their lives.

The social implications of habit are not always recognized, yet the child with undesirable habits is, as Thom points out, largely incapacitated for social life. Many households are thrown into a daily turmoil because children forget to wash their hands before each meal! Punctuality would seem to be the essence of social consideration. Yet how many excellent people have never acquired it. It is perhaps only fair to point out that the social habits are acquired later and are harder to establish as they must be built up on the basis of the elementary bodily habits. The responsibility for this must also rest with the parents. This is recognized, as a rule, with the simpler bodily habits as their control is begun earlier. We are inclined to force on the older child re-

sponsibility for habits of order, cleanliness, politeness, without the previous patient training which we recognize as necessary with bodily habits. The result is not only unsatisfactory, but the very attempt to force the issue may strain the bond of family relationships.

Are there disadvantages in habit formation? The earlier psychologists tended to emphasize the permanence of habits. James, for instance, in his classic chapter on Habit in the *Principles,* describes with graphic fatalism the "set" of habit in the adult:

> Already at the age of twenty-five you see the professional mannerism settling down on the young commercial traveler, on the young doctor, on the young minister, on the young counselor-at-law. You see the little lines of cleavage running through the character, the trends of thought, the prejudices, the ways of the "shop," in a word, from which the man can by and by no more escape than his coat sleeve can suddenly fall into a new set of folds. On the whole, it is best that he should not escape. It is well for the world that in most of us, by the age of thirty, the character has set like plaster, and will never soften again.

James' feeling for artistic effect probably ran away with him in this passage. One can at least attempt to make what he says untrue, for nothing is more destructive of initiative in life than the conviction that we cannot change. The Parent Education movement, for instance, as other forms of adult education, rests on the conviction that we *can* develop new habits of thinking and acting even after thirty! Such a conviction is supported by later psychological writings. The tendency at present is in favor of the plasticity of the organism and the possibility, even in mature life, of developing new habits and modifying old ones. In short, the learning process is co-extensive with life. Work in comparative psychology as well as in human learning supports this view. The rat is never too old to learn, why then the parent? The greatest obstacles to the development of new habits are, first, the fear of ridicule if we are seen trying to do something new, and secondly, the paralyzing belief that we *cannot* do anything different. Proverbs such as

the one about the impossibility of teaching old dogs new tricks have a most mischievous effect. From the point of view of mental health nothing is more important than the ability to discard old habits or attitudes and acquire new ones. "Plasticity of habit," some one has said, "is the index of one's psychological age."

What is needed is a critical revision of one's habits from time to time to suit the changing environment and the changing needs of the organism. We no longer wear our skirts or our hair as we did ten years ago—but in other fashions of thought and behavior we are hopelessly antedated. Yet the physical conditions of life are altering so rapidly that the habits of yesterday are no longer adapted to the circumstances of to-day. An amusing instance of this was recently observed when an elderly gentleman, a figure of legal prestige in his community, was seen to march out with a bevy of grandchildren into the midst of traffic on a crowded street. A lift of his cane held up the flow of motor vehicles in this particular case, but one felt that his worship was following the leisurely and autocratic manners of a bygone age of carriages—manners which might be tolerated in him but which would ill serve his grandchildren!

Again, advancing age demands a constant revision of habit. The five-year-old goes to bed at seven—the nine-year-old expects a half-hour's grace. Angry behavior tolerated in the young child would be inexcusable in the older and presumably more experienced child. The adult likewise must adjust his habits to his years. The habits which suit our needs and health in the thirties are often poorly suited for the forties and less so for the fifties. Habits are useful tools, but need re-shaping to serve their owner in his particular stage of development and kind of environment.

Formation of Right Habits.

Are there a few simple rules for the formation of habits? Formal psychology offers certain principles—repetition, preparedness, satisfaction, etc.—gleaned from the controlled situations of the laboratory. Let us consider the question rather from the practical standpoint of the home. The first

requisite on the part of the parent is a *plan.* She must know what she wants to do and how she means to do it. Good habits do not grow haphazard, but are the outcome of persistent purpose. Such a plan must be formulated, (*a*) in relation to knowledge of the bodily requirements of the child, (*b*) with understanding of the psychological mechanisms involved for both the parent and child in carrying through the plan. The latter is of the greatest importance, but is often overlooked. For instance, a child refuses to eat a certain food, and the mother in her zeal for calories attempts to force the food on the child. The child resists and thus there is set up not only a marked distaste for the food in question, but a feeling of resentment which may be the first break in that "common consciousness" of parent and child which Kirkpatrick postulates as fundamental in child-training. Having in mind only the bodily needs of her child, this mother overlooks certain equally important functions of behavior. She thus defeats her end through lack of method and of breadth of insight. The purpose in the chapters following is to discuss the special appetites from these two points of view: (*a*) What is desirable? (*b*) How may we attain it?

Consistency, regularity and *equanimity* are necessary to the successful carrying out of any accepted plan. If a child is put to bed one day and allowed to play the next, it is useless to expect that the afternoon nap will become a habit. Similarly, a sudden reversal of methods of discipline is destructive of habit—a period of chaos is likely to result until new habits are established in conformity with the new methods. This is sometimes seen with a new child coming into a nursery school—the change from a repressive system of discipline to an atmosphere of freedom is so marked that the child mistakes freedom for license and is apt to be obstreperous, both at home and in school, until he learns the rules of the new system. The mother who changes her method with every breeze of new doctrine will never succeed with any. The curse of the clinical consultant is the parent who follows his advice for a week only. Persistence and consistency, therefore, are absolutely necessary.

Similarly, *regularity* is essential. The cyclic character of

the appetites has been pointed out, and indeed most of the features of behavior, biological or social, which especially require training have their proper time of performance in the daily round. The parent whose idea of regularity means when she remembers, or when she has finished the ironing, or when the child feels inclined, etc., will never establish a routine. Regularity means just one thing—the clock. If formerly it was believed that mother instinct or mother love was the simple and safe basis for the problems of training, it is now known that a much more adequate guide is the kitchen timepiece. Again, emotion on the part of the parent should not be an unknown variable for the child. Strong emotion is not only inimical to good control, but children are extremely responsive to emotional attitudes in their elders. The parent who greets certain behavior of the child to-day with amusement and to-morrow with reproof or a spanking, need not wonder if confusion persists. Dependable *equanimity* is essential.

As habits rest upon associations, the tying up of a given act with *several associations* helps to reënforce the habit. The child who is regularly brought in from play to go to the toilet will have certain memory associations with the anticipated act. If the phrase "Go to the toilet" is consistently used, the verbal association further assists in bringing about the response. The use of verbal cues to touch off desired types of response is both a convenient and effective device. The stimulus in habit-training, however, is not just one factor, for example, a word, but the whole situation. Training does not mean learning an act in isolation, but in a certain complex setting and sequence. The child at table cannot eat if he has not his own chair and napkin and spoon, etc. Why will not any spoon do? Because that particular spoon is an integral part of his total eating situation and he is unable to adjust to a lesser situation. Habit formation can only proceed in respect of an *organized* situation, and in a given case we must determine what associations are essential from the child's point of view rather than our own.

Satisfaction in the act is necessary to the establishment of a habit. With bodily appetites performance normally brings satisfaction. When responding to new environmental situa-

tions, however, satisfaction may not attach to that outcome towards which the training is directed, and without it performance will scarcely persist until the habit is fixed. The problem of connecting satisfaction with the required response, that is, of motivating the child, now arises. For this there are two main approaches, positive and negative. The constructive way is to utilize some natively satisfying response and associate it permanently with the one to be trained, so that the effect of satisfaction may involve both and thereby facilitate the learning. The basic appetites with their native satisfactions, skillfully used, may thus greatly aid in the building up of more complex habits. We have already discussed negative conditioning in the form of avoidance by shock. This is more often accidental than deliberately used. Another form is when we deliberately enforce upon the child a choice between some arbitrary unpleasant outcome and the one required, presuming that he will elect the latter as the lesser of two evils. To illustrate the positive and negative approaches in conditioning—a hungry child can be induced to eat a food he does not particularly relish, either by keeping in reserve a more tempting food until the first is finished, or by threatening some dire punishment if the disliked food is not eaten. Certain objections to negative conditioning are: It overweights the situation with external control generally unrelated to the desired end. It appeals to dislike rather than satisfaction and the repeated association in time of dislike with the required act makes learning of the latter difficult if not impossible. In order to counteract this disadvantage, still stronger emotion has to be released which may disrupt other relationships more than it assists in building up the required one.

How best to motivate for habit-training is undoubtedly our perennial problem. Children differ from one another; they also rapidly change as they develop and with the changing environment. The satisfactions of the bodily habits do not always suffice as a means for developing later habits. The young child learns to dress himself because in so doing he satisfies his appetite for novelty, for change. But when the new achievement has become a matter of course his interest flags, and he may tend to relapse into habits of

dawdling or dependence. The novelty has ceased and he no longer finds gratification in the performance. A new type of motivation must accordingly be introduced to carry the child over to that later stage when he dresses himself as a matter of convenience with a minimum of time and thought, in order to be free for things that really interest him. It is not our purpose here to discuss the subject of motivation—except merely to point out, first, the supreme importance of the appetites as a motivating force; secondly, that motives change with age and surroundings; and thirdly, the necessity of parents adopting an experimental attitude in motivating the behavior of their children. There is no single formula for success although there are many ways that may in some measure succeed. Parents must recognize when their particular plan is failing and set about changing it in some more promising direction.

The Breaking of Habit.

The mother of the young child is chiefly concerned with the establishment of right habits. Yet even the infant may develop certain habits that the mother views as highly undesirable—such as thumb-sucking or ear-pulling, with other variants such as nail-biting, picking the nose or face, or masturbation.

It is not possible here to discuss in any detail the treatment of such habits, but certain general facts may be pointed out.

The first is that practically all young children manifest such undesirable habits in some form or other. A glance at the table concluding this chapter will show what a cursory inquiry upon this matter in one parent group produced. This alone should demonstrate that we are dealing, not with something unusual or abnormal, but with a common form of childhood behavior. A preliminary investigation upon the incidence of facial tics with a nursery-school group furnished even more startling evidence of the prevalence of such habits.

The second point is that the cause of such habits is largely unknown—little having been done in the way of careful investigation. Various speculative suggestions are offered; Freud regards thumb-sucking as a manifestation of infant

sexuality; Blanton, more plausibly, suggests that it may indicate defective nutrition; other writers have held that the suppression of free activity, especially with older children in school, gives rise to a series of tics which are really the escape, through smaller channels, of the energy which is denied expression through the larger movements. It is conceivable that they are allied to the so-called random movements of the new-born—now fixated in more definite patterns. The direction of fixation may evidently often be given by accident—a slight irritation on the lip may initiate a lip-pulling habit that will endure for months, perpetuating itself through the sensations derived in the act. There are, however, no doubt more fundamental cases to be sought.

One thing that seems safe to assert is that over-anxiety on the part of the mother, and over-emphasis in her attempts to break the habit, may merely serve to call the child's attention to what was before largely an automatic process. The very means designed to correct the habit may in that case serve the purpose of further fixating it.

In general, then, call as little attention as possible to the undesirable form of behavior. Mild preventive measures, such as taking the child's thumb from his mouth, may be effective, but the more rigorous forms of restraint, such as splints, aluminium mitts, etc., are more than questionable. They deal with the superficial manifestations, not with the underlying causes of the habit, they take no account of the mechanisms of habit formation or re-formation, they produce feelings of shame and rebellion in the child, and in many cases if they modify behavior it is by displacing the habit only to have it appear in some other undesirable form. Mothers would do well to remember that such habits seldom persist beyond the fifth or sixth year unless the trouble has been aggravated in the child by the mother's attitude. If interference seems necessary it should be planned with a view to substituting some more adaptive and interesting behavior for the undesirable habit. Such substitution is effective because positive—instead of merely damming up energy by restraint it provides a new channel for its flow, thereby diverting the child's attention from the undesirable behavior and fixing it on something worth while.

A Routine for Freedom.

One last point remains to be touched on. We shall have much to say in the chapters following about the desirability of a good routine for the child. Such an emphasis may suggest that the child's life is to be over-regulated and the question naturally arises, Does habit mechanize life? In seeking to train the child in certain definite habits are we not denying all that we have said in regard to the nature of plasticity—of the power to adapt ourselves to new circumstances? The answer is that habit does mechanize life whenever it becomes an end in itself. This is what we mean when we use the term "slave to habit." We all recognize in ourselves certain compulsions—saving ends of string, changing to an old coat before we can work comfortably, etc. —which are mere useless vestiges of outworn habits. Such compulsions are a burden because they serve no good purpose. But the great argument for useful habits is that they simplify life. An illustration may make this clearer. A social worker went one Sunday to have supper with a family where there were ten children. The children came in from Sunday school as she arrived and each child hung his hat and coat upon his own peg. Then two children disappeared to the kitchen while the rest played and visited in the front room. As the clock struck five, two other children got up and went out to set the table. At 5.30 supper was served. The four who had been on duty were now relieved and two other children waited on the table. After supper another pair washed up! Did the children thus regimented gain or lose? Their time was free except at the appointed times when they were on duty. Routine here was the condition of freedom. To establish a sound routine of bodily habits and thence of social habits is the best guarantee to the child of freedom to do as he pleases in the intervals between his times on duty.

OUTLINE II

THE APPETITES AND HABIT FORMATION

I. The Fundamental Appetites:
   Hunger.
   Thirst.
   Sleep.
   Elimination.
   Play.

II. The Nature of Control:
   Association of indifferent with biologically adequate stimulus.
   Conditioning by—repeated association; shock.

III. The Value of Habit:
   Economy of time and energy.
   The fixity of habit.
   Value of plasticity.

IV. Rules for Habit Formation:
   A plan.
   Consistency and persistency.
   Reënforcing associations.
   Satisfaction.

V. The Breaking of Habit:
   Do not over-emphasize the habit.
   Value of substitution.

VI. References:
   Burnham, *The Normal Mind,* chapter vii.
   James, *Principles of Psychology,* vol. i., chapter iv.

VII. Questions:
   1. Can you recall any instance of a habit fixed in youth which had marked results, either desirable or otherwise, on your later behavior?
   2. What methods have you found successful in breaking undesirable habits?

ILLUSTRATIONS—II

THE APPETITES AND HABIT FORMATION

I. *Formation of Habit.*

(*a*) By Repeated Association.

"My child became accustomed to going to sleep with one particular toy—a woolly lamb—in her arms. On one occasion the lamb was mislaid; we ransacked the house in vain, and the child was quite unable to sleep without it. Since that time I have made sure that various toys are used at bedtime."

(*b*) By Shock.

"When we were children we lived in the country and occasionally an animal had to be butchered for meat at our place. My father knew that my mother disliked this and he refrained from telling her when it occurred. Consequently, she came out into a shed and saw the lately butchered calf lying there. Her reaction was so great that she has not touched meat since, although that happened eighteen years ago."

II. *Incidence of Undesirable Habits.* (Data collected at a parent-education group from the experience of members present. No attempt was made to get a detailed history of cases.)

Habit	Age	Treatment	Result
1. Sucking fingers	16 mths.	Bitter aloes	Stopped
2. Sucking thumb	Under 12 mths.	Woollen mittens	Stopped
3. Sucking thumb	Up to 5 years	Bitter aloes	Learned to like it
		Aluminium mitts	Would not go to sleep without mitts
			Still sucks
4. Sucking thumb	1 to 3 years	"Tried many things"	All unsuccessful
Now biting nails	At 4 years	Aloes	Sucked off
		Gloves	Bites through
5. Biting nails	2 years	Removed fingers	Improvement
		Avoided comment	
6. Biting nails	12 years	"Have done everything"	
		Bitter aloes	Sucked off
		Rewards—money	Useless
7. Sucking thumb	Up to 2 years	Bitter aloes	Sucked off
		Splints	Chewed
		Aluminium mitts every waking minute for four weeks	Sucked thumb in mitts
		Two weeks longer	Cured — mother now uses mitts for punishment
8. Biting nails	Up to 4 years	Rewards—"25 cts. a finger"	No result

Such a table shows:

1. The prevalence of such habits.
2. Possibility of cure greater with young children.
3. Futility of most methods employed.

III. *Treatment of Undesirable Habits.*

"My little girl of two years and three months started to bite her nails. I have worked on it for three weeks by simply removing her hand without calling attention to it, talking meanwhile of something else. I know it is unconscious on her part and I don't want to make her conscious of my attempt to break the habit. It is getting less frequent already.

"When my baby was about a year old I noticed that he fingered his genitals each time I took the diaper off to change him. I did not say 'No, no,' or call his attention to what he was doing, but before taking the pins out of the diaper I first gave him a toy to hold in his hands. He soon dropped the habit and the toy is no longer required."

CHAPTER III

HABITS OF EATING

In classifying hunger as one of the basic appetites we mentioned as component parts of the hunger reaction the sucking, biting and swallowing reflexes and the hunger sensations from contractions of the stomach. Coupled with these are certain memories of past experiences of the satisfaction of hunger pangs that grow up around the process of nourishment. The sight, taste and smell of food combine in this associated process to form what we describe as appetite for food. Already when appetite has begun to function the process of habit formation is well under way—that is, certain responses are being conditioned to sights, smells, etc., originally quite indifferent.

The problem of building up eating habits out of these elements has two main aspects. The first objective is to train the child to eat the proper kinds and amounts of food. The second objective is to train him to eat in a manner which is socially acceptable—that is, he must learn as he grows older to sit at table, to use the proper utensils for handling his food, to keep his place and his person tidy. He should be conditioned to proper times and places for eating. When admitted to the family board he must

> Behave mannerly at table,
> At least as far as he is able.

His ability will largely depend on the type of training he has already received.

In case we seem to over-emphasize the importance of eating habits, one may pause to point out how often adults are hampered, both in respect of their physical well-being and in regard to social adjustments, by reason of food antipathies which are purely the result of faulty early train-

ing. They will not drink milk, or eat salads or fresh fruits, because as children they were not properly conditioned to these things. Or again, they prefer highly seasoned foods and rich, indigestible dishes, because they were brought up to eat them. Research in nutrition is laying increasing emphasis on diet as fundamental to the general well-being of the organism, and on dietary indiscretions as at least contributing causes in many forms of disease. In teaching the child right habits of eating, we are, therefore, not enforcing restrictions peculiar to child life, we are laying a foundation of health habits to be carried throughout life.

A word of caution is here necessary. Aldrich in his admirable book, *Cultivating the Child's Appetite,* has pointed out that when one set of difficulties is overcome in medicine, another crop rises to take its place. Modern pediatric practice has made death from feeding difficulties practically unknown among that portion of the community which relies on the advice of child specialists, but just when, through the access of new knowledge, the pediatrician is able by proper diet to build up the health of the child in a fashion hitherto undreamed of, he is confronted by an unexpected difficulty.

On the one hand are arrayed physicians, child welfare workers, parents and nurses, armed with a knowledge of dietetics with which they think it possible to develop a generation physically superior to any we have yet seen in modern civilized countries. Opposed to this formidable array are the children refusing to eat.

Why this refusal? Aldrich's book is devoted to this, which he regards as one of the main problems of pediatrics. His conclusion is that children refuse to eat—and of the prevalence of eating difficulties with the present generation of children there can be little question—because of faulty habit-training. Wrong methods on the part of parents and nurses are responsible for most feeding difficulties. This means that not only the physiological but also the psychological aspects of diet must be considered. We must set before ourselves in the training of children certain desired objectives, but we must also study *how* these objectives can be attained. Questions of diet belong to the pediatrician

and the expert in nutrition. But the problem of getting the child to eat what is prescribed for him the parent cannot escape. It pertains to the sphere of child study and as such will be discussed here.

Stages of Food Adjustments.

Blanton, in his discussion of eating, distinguishes three stages:

Infantile:	Sucking—terminated by weaning.
Intermediate:	Enlarged diet; new customs—should end at two years of age.
Modified Adult:	Adult diet minus certain foods.

Bearing in mind this classification, we may try to discover what are the difficult points in each period in order that our procedure may be adjusted to minimize or overcome these difficulties.

The Infantile Period: New Habits for Old.

One might speculate as to the reasons for feeding difficulties at the time of weaning and as to why they are so commonly met. One reason seems to be that we have here the decay of one type of habit and the establishment of a new set in substitution. The new-born infant as a rule nurses with little difficulty, the sucking reflexes being present at birth. Weaning represents the breaking up of these well-established chains of reflexes and the substitution of a new set of habits which, while using many of the same mechanisms, have yet a much larger element of learned response in their make-up. It is no longer merely necessary for the child to suckle and to swallow—indeed, the carrying over of the sucking reflex, as in prolonged dependence on bottle-feeding or in thumb-sucking, is evidence that development in this respect at least has suffered arrest on the infantile plane. The child must definitely abandon these outgrown habits. He must learn to take liquid out of a cup or solids out of a spoon, to bite, to chew, to manipulate a spoon. Accustomed only to the bland flavor and to the consistency of milk, he now is intro-

duced to a variety of flavors and to foods of varying consistency. If too many new factors are presented at once, the child is bewildered and does what we all do under strain and bewilderment, he reverts to the earlier well-established forms of behavior of which he feels sure. We are all familiar with the child of three or four who may be seen running around drinking milk out of a bottle. There is generally a history of some illness or accident during which the child has reverted to this infantile type of behavior. We should remember that to fall back on what we know and are sure of in times of stress, is a natural reaction common to us all in many trying situations. In food, as in anything else, novelty presents a challenge to the child which he may be unable to meet successfully. The recommendations of pediatricians that bottle- and spoon-feeding be introduced at stated intervals from the first month on, would probably do much to overcome early feeding difficulties. Anticipation is therefore the clew to what can be accomplished from our point of view during the nursing period.

One characteristic of the early period should be preserved in all later periods—that is, the regularity of feeding. Infants are conditioned to eating at set intervals; when they are put on a three-meal schedule the clock should still regulate the times for feeding. Particularly, feeding between meals should not be tolerated. Too often the mother who is scrupulously careful about the baby's feeding allows her own convenience or the tardiness of others to influence feeding times of the runabout child. So, too, she becomes careless of infringement of the "no piecing" rule. Occasional snacks may not ruin the child's appetite, but they do seriously interfere with a major point in habit-training.

The Intermediate Period.

Weaning nowadays is generally accomplished gradually and with comparatively little disturbance to the child. But even so the new period presents difficulties. The introduction of new foods and new methods of manipulation calls for understanding and care.

Factors of Novelty: Flavor.

New foods should be introduced one at a time and in small quantities. Wherever possible they should be served along with foods which the child already likes and accepts readily. If we keep in mind that the desirable thing is to accustom the child to the taste of the new food, not to get him to eat a fixed amount of it, we may avoid many difficulties. Children trying new foods for the first time will sometimes be observed to shudder at the unaccustomed taste. We should make allowance for their difficulty in adjusting to a new situation. If they refuse outright, remove the food and do not offer it again for a few days. Forcing is never a wise procedure. It will only set up an aversion to the food and a resistance which may spread to other articles of the diet or even farther.

Consistency of Foods.

In addition to flavor, consistency demands attention. Observations of children in nursery schools have shown that there are some consistencies which children almost invariably dislike. Stringy vegetables, such as beans and asparagus, present difficulties, and parents do not always realize that here it is not flavor so much as consistency against which the child rebels. It is wiser to use such vegetables in soups or purées. The food value is the same and the child becomes accustomed to the flavor and can deal with the consistency better. The cutting or ricing of vegetables aims not only to improve the chances of digestion but to overcome the child's resistance to the consistency of the new food. Creamed foods—sauces, creamed eggs, fish and vegetables are often, though not universally, distasteful to children. If this proves to be the case it is better to avoid, for a time, serving foods in this fashion. Custards are sometimes disliked and may be avoided. It is important that children should eat eggs, but not important that they eat them in custard form. Common sense and ingenuity will help us to see that the child gets the kind of food that

is necessary for him, but in a form which he is willing to take.

Manipulation.

Besides questions of flavor and consistency the little child learning to eat encounters certain difficulties of manipulation. The wise mother teaches a baby to drink out of a cup and to take liquid from a spoon at a comparatively early age. It is better to anticipate accomplishments instead of waiting for everything to be learned at once when the child is introduced to a semi-solid diet. Yet children sometimes reach the age of two without having learned to hold a cup and drink from it. Here a definite process of education must be carried on until the child masters this new feat. Beginning with a small quantity in a glass —a single mouthful—the child is not discouraged by the magnitude of the task. A somewhat different situation may arise with the manipulation of a spoon. Many parents have difficulty with a child who is unable to feed himself and who yet refuses to let any one else feed him. Temper tantrums often make such protests vocal. What should the parent do? Recognize, in the first place, that she is dealing not merely with an incident in feeding habits but with a phase of development of the child's personality. The self-assertive tendency here comes strongly into play. The child is impatient of control and wishes to master the situation himself instead of having everything done for him. The wise mother will let the child go ahead—realizing that spilled porridge and dirty bibs are insignificant in comparison with giving the child the satisfaction of some degree of accomplishment. Such a clash between the mother's purpose and the developing powers of the child may have a meaning far beyond the seeming insignificance of the occasion.

Environmental Factors.

In the intermediate period the conditions surrounding the meal are of great importance. We recognize this in

adult life, and take pains to make our tables attractive with dainty linen, glassware, fine china and flowers; and we should not think that because the child is young he is not susceptible to such esthetic influences.

The child should preferably have his own small table and a comfortable low chair of the proper height—a situation he can recognize as his. The equipment of the table should be as attractive as possible; plain oil cloths in colors, blue, rose, mauve and yellow, vary the appearance of the table, are inexpensive, sanitary, and interesting to the child by reason of their color. His own dishes in an attractive pattern will further increase the pleasant associations of the meal. Without being fussy or elaborate, all the surroundings should be as pleasing as possible.

The same care should be taken in the serving of food. *Small portions* attractively served will do more to stimulate the child's appetite than any amount of direct persuasion. Here Aldrich's principle that cultivation of the appetite is of first importance should determine one's procedure.

A *regular time* for meals should always be observed. It is unfair to make the little child wait over the protracted periods that are sometimes made necessary by the interruptions of adult life and it is bad training as well. Meal times should be observed with scrupulous regularity. They are one of the few occasions for interrupting the child in his play activities.

To encourage a businesslike attitude, to get the child to eat properly, neither bolting his food nor dawdling over a meal, to teach him to take proper-sized portions, to eat willingly what is set before him, to use table utensils correctly, and to keep a tidy place, are all objectives of training in meal habits. Their accomplishments will depend largely on the skill and judgment of the person in charge. That the young child eats alone should never mean that he eats without supervision. The mother or a suitable substitute should always be present to preside over the meal. To leave the child to eat off the kitchen table in the tutelage of an untrained maid is the worst possible procedure for forming good eating habits.

Modified Adult Period.

Blanton places the modified adult period at the end of the second year as regards the foods given. In respect of social behavior he says that children should not come regularly to the family table till eight or nine years of age. Most people would prefer not to postpone this so long, but the special situation of the family rather than any arbitrary rule must determine this matter. Probably no arbitrary time should be set for making this transition from the individual to the communal meal. In a small family it may come early; in a larger family, where there are other children or several adults who may pay too much attention to the child, it is better to defer the change even till the child is five or six years of age.

The problems involved in this period should not be serious if the earlier stages have been intelligently handled. The chief consideration in respect to diet is the limitations still imposed—limitations of which the child may be made more conscious when he compares his diet with the unrestricted choice of adults. While condiments and rich foods are withheld it is probably wise at this period to allow the child a limited range of choice among the various foods which are suited to his needs. He will be less likely to change if he is given a little freedom.

Table manners often become an acute problem at this period. Faulty management in the preceding period is sometimes responsible; if the child has not been properly supervised when he eats alone, if he has formed the habit of gulping his food, or dawdling, or spilling on the floor and at his place, such habits will seem doubly objectionable when he is brought to the family table. Care in the preceding period is desirable. Also, one should guard against making a child self-conscious by overt comments on his table manners—meal time may be made a torture to children if no small slip is allowed to pass unnoted. Pitched battles at meal time should always be avoided. If the child's behavior is objectionable remove him quietly from the table, but do not allow bickering or argument. Probably at no other times in the day does the mother need so much

to call on her reserves of patience, serenity and good temper as during the family meal.

It should be remembered that nothing is worse for the young child than to be made the center of attention, whether that attention be flattering or derogatory. The presence and conversation of the family may prove too stimulating for the young child. If he appears excited and neglects his meal, it is evidence that he is not yet ready to meet this social situation. He should, accordingly, be withdrawn again for a time to eating alone. It is wise to introduce the child to the family circle gradually—at Sunday supper for instance. To come to the common meal with the others will then be a marked privilege which may motivate the child to measure up to a more advanced standard of behavior. It is often feasible to allow children to have breakfast and lunch with the family but to have early supper alone, allowing their elders to dine in peace later. Such arrangements have to be arrived at by consideration not only of the needs of the child, but of what is possible and convenient for the family as a whole.

Pleasant conversation at the table, the deliberate exclusion of worrying or annoying topics, and a general tone of cheerfulness and relaxation should characterize the family meal. Such a mental atmosphere is conducive alike to good appetite and good digestion.

Adult Attitudes.

In the discussion thus far we have touched only incidentally on the relations between adults and children as they affect meal habits. Yet they are of the greatest significance. In the building up of a new habit, besides the care necessary in regulating the component factors, such as food and surroundings, one must also consider the influence of social surroundings and adult attitudes in regard to eating. Perhaps nowhere are good and bad suggestions from adults so powerful in their operation. Indeed, the points already touched on are much less significant than the indirect and often unwitting influences of suggestions which other

members of the family circle bring to bear upon the child whose eating habits are in the formative stage.

Anxiety.

Common among such attitudes is that of anxiety on the part of mother or nurse. The emphasis laid on food values in recent years, especially the habit of counting calories, and the frequent reference to height-weight tables as a standard, are responsible for such over-solicitude. Aldrich's protest that we should think in terms of the child's appetite and not of calories is timely. Over-anxiety on the mother's part generally defeats its own purpose. It sets up a resistance in the child or, worse still, suggests to the child a means of coercing the parent. The child who plays on the mother's anxiety in regard to his consumption of food has seized the whip-handle in matters of discipline. Here again the matter ceases to be one merely of nutrition and becomes a vital problem of the child-parent relationship. The loss of a meal by the child is insignificant in importance to the loss by the parent of control in a fundamental relation. The child's growing impulse towards mastery must be met, as we suggested in connection with the use of a spoon, by allowing him to master materials. He should never be allowed to dominate the persons who are legitimately in control of him.

Talking before a child about his failure to eat is disastrous. The parent should refrain from all such comments in the child's presence. It is exceedingly difficult to make parents realize either the extent to which they indulge in comments before the child or the disastrous effect upon the child.

Coaxing and Nagging.

Coaxing and nagging are faulty methods which parents resort to because of their own wrong attitudes. It is exceedingly difficult to avoid them with a child who is persistently slow or reluctant in his meal habits. The parent must, however, feign a good-natured indifference even if

she is far from feeling it. She must remind herself that every display of concern on her part is an encouragement to the child to persist in his attitude of resistance. To appeal without accomplishing tends to condition the child to failure. If the mother cannot control herself it is better she should go away. The mere withdrawal of the mother may lower the emotional tension so that the child will finish his meal without further difficulty. If the mother stays with the child throughout the meal it is wise that, as Thom suggests, she should occupy herself with some sewing or other hand-work so that the child will not feel himself the exclusive object of her attention. In eating as in other functions the young child may be able to finish the task if given time, but his performance is characteristically slow as compared with that of adults and proper allowance must be made.

Suggesting Dislikes.

Food dislikes are often a matter of attitudes tied up to a name. Fish, without the name, may go down without a murmur! In the majority of cases such attitudes of dislike are suggested to the child by associations. A case has recently come to hand of a child who formerly ate bacon with relish but who is now openly proclaiming her dislike. No reason is apparent except its frequent association with liver, which she greatly dislikes. Again, family attitudes are common causes of food antipathies. The child who hears older children express a loathing for prunes is almost certain to echo it regardless of his own experience, or for the sake of self-assertion he may profess an extreme liking for the article—showing the relevance of social factors. Parents themselves must guard against suggesting dislikes and they must protect the young child from the suggestions of other children. Such attitudes are often merely a matter of talk with the older child, but they help to establish antipathies with the younger ones. If we carefully consider our own food antipathies we may find that very often we habitually refuse a food which we have never

tasted! Such refusal would indicate that our dislike has no basis in experience other than the result of suggestion.

Emotional Reactions.

The need for serenity on the part of the person in charge has already been emphasized, and this should be the keynote in regulating eating habits. While excitement should be avoided, praise and encouragement may be used freely to motivate the child. Experimental work has demonstrated the close relation between emotional excitement and digestion. Fear, anger and other states of disturbance inhibit the processes of digestion, whereas pleasant emotions, if not too acute, accelerate it. Hence the importance of avoiding disagreeable topics at meal times. Never use the meal hour for catechizing or reproving children, especially guard against making meals a torture for older children by an unpleasant insistence on minor points of table etiquette. Better to overlook some lapses in the interests of peace at the family table.

Reactions of Children.

Children react to the attitude of adults—the child's behavior being in many cases a clear reflection of the methods by which he has been handled. There are three main aspects of the child's behavior which parents should understand and be prepared to deal with.

Negativism.

Nearly every child will at some period or other refuse all food, or some particular foods. Milne's Mary Jane and the "lovely rice pudding" is a drama frequently performed at the family table. Such refusal may indicate the onset of an infection, in which case it is better that he should not eat. When a child who ordinarily eats well refuses food, either reduce the amount or remove the food altogether. If the child is well he will eat all the better when the next meal appears—provided he has not been fed in the meantime.

If he is ill, the trouble will have declared itself and can be treated accordingly.

If only one article of the meal is refused, and that a disliked food, the general practice is to insist that the child eat a small portion. It is best to serve only a little rather than to have to remove a part. The less arguing there is about such a situation the better. If the child refuses to eat, the rest of the meal should be withheld and no food allowed until the next meal.

Negativism implies, however, something more than mere refusal of food. In general it is an attitude of contrariness that pervades the whole personality, involving preparedness to act in opposition to any type of motivating situation that is presented, however reasonable or desirable. In a child marked negativism generally indicates either gross mishandling on some one's part whereby he has become negatively conditioned to various situations, or perhaps temporarily that the child is passing from one stage into another—for example, from the dependence of infancy into that of self-dependence, so that for the time being he opposes all comers. The negativistic reaction often shows up prominently in connection with the functions of eating and of elimination, since these so intimately concern his person. But exaggeration of this trend in any one situation, such as that with food, is usually symptomatic of a behavior difficulty far more serious than any eating problem. It may indicate too much regimentation on the adult's part—too many rules and too much supervision or too frequent interference without consistency. Whatever the precipitating conditions and whether of long standing or a passing phase, the negativistic attitude in children calls for attention and discretion because it reaches to the roots of personality and may leave lasting effects unless corrected. In management it calls for an easier rein but a firm hand.

Desire for Attention.

Children sometimes go to ridiculous lengths in the refusal of food, vomiting, etc., if by so doing they can put themselves in the center of the family circle. The more dramatic

the child's performance the better! In such cases the question to ask is always, Why does the child want attention? Is he jealous of some other child? Is he habitually passed over and made to feel inferior? His demand may be perfectly legitimate although the occasion and his methods are unfitting. Understanding the nature of the difficulty in such cases generally points the way to a solution.

Desire to Domineer.

This has been called the "big stick" attitude. Aldrich's illustration of the child who could only be induced to touch food if his grandmother sang and danced first is an extreme example, but undoubtedly the parent who shows too great solicitude over the child's eating is similarly putting herself at the child's mercy. Refusal to eat then becomes an easy method of bringing the parent to terms. To conceal one's apprehension is absolutely necessary—yet some mothers show themselves quite unable to do this.

Importance of Personality Factors.

We have discussed at some length the personality factors involved in eating problems because this seems to be the sphere in which such clashes in the child-parent relationship are most likely to occur. One obvious reason is because meals come three times every day and hence the occasions for strife are regular and frequent. The dissension set up over feeding difficulties is in most cases infinitely more serious than the feeding difficulties themselves. When parents once grasp this they will take pains to order the routine of the home in such a way as to minimize such difficulties. This does not mean that the child is to be indulged for the sake of peace in the family, but that the danger situations will be anticipated by the parent in order to minimize as far as possible the elements of friction.

Correction of Faulty Habits.

The emphasis hitherto has been on the establishment of right habits, and the avoidance of wrong ones. Little can

be said in general terms about the correction of faulty habits as this is rather a matter for expert advice suited to each individual case. A few considerations may, however, be stated. It should be understood that we are now discussing not occasional refusals but chronic cases of eating difficulties.

One point is that eating problems seldom occur in isolation—to picture the child's routine as a whole will generally show difficulty in other respects. Contributing factors such as over-stimulating play just prior to a meal, too little outdoor exercise, etc., must be looked for. In nursery schools a ten-minute period of relaxation before the midday meal has been found to affect the appetite favorably. Regularity in meal times, as in all the daily routine, and consistency in the handling of the child are factors of first importance.

In regard to actual feeding difficulties, the first rule is never to resort to force. Such a procedure will only intensify the food antipathy and may set up a resistance which will carry over not only to other foods, but to the relationship with the parent. Punishment other than deprivation or removal, such as has been described, is ineffective in the long run, and is open to the same objections as forcible feeding. In certain cases of vomiting it may be necessary to place fresh food before the child repeatedly until he keeps it down. To place food before the child or to put it by spoonfuls in his mouth must, of course, be clearly distinguished from forced feeding. It is legitimate to withhold all other foods until the disliked food is eaten, or to let the child go hungry until the next meal if he refuses to eat what is set before him. Food may be taken away after a reasonable interval (twenty to thirty minutes) if the child dawdles over his food. If care is taken to see that no food is secured before the next meal, this is usually an effective procedure. As a last resort, brief starvation periods are the cure for any but the most acute feeding difficulties. The difficulty in this connection is to persuade the parent that the child will not be harmed thereby. The mother almost always weakens before the treatment has had a chance to work.

Vomiting is a not uncommon form of feeding difficulty

and one which is always alarming to the parents. Vomiting caused by distaste for a particular food is in the nature of a simple reflex, like regurgitation in an infant, and should cause no alarm. Fresh food should be presented repeatedly to the child until he succeeds in keeping it down. The repetition of this cure is seldom necessary. Vomiting on an empty stomach is, however, a different matter. It calls for a careful medical examination to discover any physical causes. If such are not apparent, the inference is that some conflict in the child's personality is responsible for this type of unadaptive behavior. A detailed study of the case by a specialist is then in order.

OUTLINE III

HABITS OF EATING

I. Objectives in Training:
  Proper kinds and amounts of food.
  Socially acceptable behavior—
    regular times for meals;
    proper place;
    good manners—
      use of utensils;
      proper-sized portions;
      a tidy place.

II. Stages in Eating Habits:
  Nursing period—anticipation.
  Transition period—
    flavor;
    consistency;
    manipulation;
    time and place.
  Modified Adult period—
    restrictions of diet;
    table manners;
    social adjustments—
      over-stimulation;
      pitched battles.

III. Adult Attitudes:
  Suggesting dislikes.
  Over-solicitude.
  Carelessness.
  Serenity.

IV. The Child's Reactions:
  Negativism.
  Desire for attention.
  Desire to domineer.

V. Correcting Faulty Habits:
Revise routine.
Do not force.
Withhold foods when necessary.

VI. References:
Aldrich, C. A., *Cultivating the Child's Appetite.*
Blanton and Blanton, *Child Guidance,* chapter iii.

VII. Questions:
1. What difficulties have you met with in getting your children to eat properly?
2. What incentives do you use to encourage children to eat?

ILLUSTRATIONS—III

HABITS OF EATING

I. *Inconsistency of Discipline.*

"My child does not want to eat, she sometimes takes an hour over a meal. I tried setting a time limit and removing the food at the end of the time, but this only pleased her. I have food carefully prepared in ways that I think will please her, for, you know, *I am fussy about food myself.* On one occasion I was sick of all the fuss and I told her that I did not care whether she ate or not—she might go to school hungry if she wished. She said, 'Thank you, mother,' and went. I expected her to be ravenously hungry when she returned and asked her, and she said, 'Not particularly.' She did not care very much whether she had her tea or not. I said, 'Well, you are going to eat it whether you want it or not'; and she sat down and ate."

In this case note:

1. Child's attitude conditioned undoubtedly by parent's "fussiness."
2. Mother assumes attitude of *indifference*—checkmated by child's indifference.
3. Mother shows *solicitude* on child's return—again checkmated by child's indifference.
4. Mother reverts to *force*—probably as a result of annoyance due to the child's successful defense.
5. Note the resistance in the mother-daughter relationship throughout the incident.

II. *Desire to Gain Attention.*

"My child, three and a half years old, makes a scene every morning over eating her porridge—refuses to eat it and is sent upstairs. Then she is *rather sweet.* She brings down four toys, one for each member of the family, as a peace-offering. Then she goes on with her breakfast."

III. *Food Refusal as a Means of Controlling the Mother.*

"My little girl had always fed herself from the time she was a year old and could handle the spoon. I did not assist her in

any way. This summer I took her to the country and she saw a good many older children being fed by their mothers. *To encourage her to eat I fed her as well.* Since then I do not know what to do. If I do not help her she will leave most of the food and play at the table. She will take two or three spoonfuls and then leave everything until it is cold. She has lost her appetite, the food does not taste good any longer.

"She gets more food if I feed her. Very often she will not take a bite of bread until I give it to her. She takes a spoonful of soup and then she wants to say something. If I feed her she will eat everything, any vegetable, even things that she does not care for. If I do not feed her she leaves things that she does not like.

"I have concealed food she will not eat, in many ways. I have made asparagus timbales, etc. As soon as she puts the spoon in and sees what she calls 'strings,' she will not touch it. At one time she would not eat it if I put it down her throat.

"My problem just now is not that she does not eat the things I want her to, but that she wants me to feed her the things she does not like. I want her to feed everything herself."

This somewhat contradictory statement illustrates:

1. Feeding difficulties due to wrong handling of early situation, e.g. in relation to vegetables.
2. Child's use of dependence on the mother as a means of coercing her to do what she wishes.

CASE II

JANET Age 6/9 M.A. 6/9 I.Q. 100

Problem as stated by mother:

"Janet will not eat. She sits and dawdles and is perfectly willing to talk, but will not eat."

History:

Family life:
Father: Late thirties—professional man—oldest of seven.
Mother: Early thirties—secondary-school education—oldest of four.
Siblings: Younger brother and two younger sisters.
Other persons in home: None.
Home; House—ample accommodation—comfortable—separate room for Janet.

* Obstetrical history: Instrumental delivery—premature—mother ill during pregnancy.
* Developmental history: Difficult nursing—early feeding problem—whooping cough at three weeks.

Attitudes: Nothing significant.

* Motor: Late walking.

Speech: Early.

* Eating: Difficult during infancy—has always eaten small amounts—eats with younger brother—plays with food—stays at table sometimes an hour and a half—mother is very concerned—continually urging her to eat—special foods prepared.

Eliminative—Bladder: Control at two years, day and night.
Bowel: Routine established at twelve months.

Sleeping: Restless—stopped daytime sleep at five years. Recent episode of masturbation—lasted about one month—no undue emphasis placed upon this by parents—regular routine well established.

Play: With mother during infancy almost constantly—plays well with companions of her own age at present.

Sex: Adequately instructed at age six—very sensible attitude on part of parents.

Emotional—Fears: Very marked up to age three—objects: strangers, dogs, new experiences. Treatment in direction

of ignoring and accustoming her to being with such objects. Anger: Never a problem.

Self-tendencies: Quite obedient—teases younger brother—resents teasing—tattles—few episodes of protective lying.

Discipline in home: Regular routine in home—no corporal punishment since studying child management last year—parents well adjusted as to responsibility towards children.

Diagnosis:

Developmental history points to a long-continued onset to the situation as it exists at present—the otherwise excellent adjustment of Janet indicates that she has acquired the habit of using meal time as predominantly a social function—desire for attention from parents stimulated by apprehension and concern of mother—child is only two pounds underweight for height—it was anticipated that this child was receiving sufficient caloric content and that the treatment here should be directed towards demonstrating this fact to mother.

Recommendations:

Adopt a reasonable diet list for all children.

Place food on table at regular period and pay no attention to what Janet eats.

When the meal is finished by the other members, leave table—Janet is to leave at this time no matter what or how she has eaten—no comment is to be made.

Record is to be kept of amount she eats, on form provided.

Progress Record:

Form for first week:

28 *Jan.*–3 *Feb.*

Diet offered: Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
			BREAKFAST			
Orange juice	Orange juice	Orange juice	Orange juice	Orange juice	Orange juice	Orange juice
Cereal	Cereal	Cereal	Cereal	Cereal	Cereal	Cereal
Bacon	Egg	Egg	Toast	Bacon	Toast	Bacon
Milk	Milk	Milk	Milk	Milk	Milk	Milk
Toast		Toast		Toast		Toast
			TIME			
7.35–8.10	7.30–8.05	7.40–8.05	7.25–7.55	7.30–8.15	7.45–8.25	8.30–9.15

Diet offered:

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
			MIDDAY			
Lamb chop Potatoes Custard Bread-and-butter	Fish Beans Gelatine Bread-and-butter	Scraped beef Tomatoes Junket Bread-and-butter	Bacon Asparagus Potatoes Apple sauce Bread-and-butter	Roast beef Potatoes Beans Custard Bread-and-butter	Boiled egg Rice Apple sauce Bread-and-butter	Chicken Peas Potatoes Pudding Bread-and-butter
			TIME			
12.20–1.05	12.25–1.03	12.16–1.05	12.23–1.05	12.28–1.05	1.00–1.40	12.30–1.00
			SUPPER			
Celery soup Cereal Apple sauce Cookie	Cereal Prunes Bread-and-butter	Cheese Soufflé Stewed pears Sponge cake	Poached egg Cereal Apple sauce Bread-and-butter	Visiting	Boiled egg Cereal Prunes Cookie	Chicken broth Gelatine Cookies
			TIME			
5.10–6.05	5.15–6.05	5.05–5.45	5.01–5.50		6.00–6.40	5.00–5.40
Food refused:						
B.			Half-toast	Toast	Half-toast	
M.						Bread-and-butter
S.						
			COMPANIONSHIP			
F. M. B.	F. M. B.	F. M. B.	F. M. B.	F. M. B.	F. M. B.	F. M. B.
Brother	Brother	Brother	Brother	Brother	Father Mother Brother	Brother
Brother	Brother	Brother	Brother		Father Mother Brother	Brother

EMOTIONAL EPISODES

Cried on Saturday evening when told not to interrupt her father.

Comment:

It can be seen at once that this child had probably been eating just as much as is indicated upon the form, prior to coming to the clinic. She was present when the plan was outlined.

From the form it is noted that the average time of eating was between thirty and forty minutes—towards the end of the week she was beginning to refuse apparently unimportant things such as toast and bread-and-butter—the emotional episode was also indicative of an incipient rebellion.

The coöperation of the parents was excellent. The mother was surprised at the information gleaned from the chart and was impressed with the importance of permitting the appetite to dictate the behavior.

Two succeeding forms showed similar results—they were then discontinued.

Progress Report three months after:

"Janet is still eating excellently."

Comment:

Not all such problems respond so ideally as in this case!

The significant factors are the persistence and coöperation of the parents—usually it requires both parents.

CHAPTER IV

HABITS OF SLEEPING

REFERENCE was made in the discussion of the appetites to the rhythmic character of these basic physiological processes. Sleep is the first appetite to manifest this rhythmic character. Alternating phases of rest and of movement are characteristic of the organism even *in utero*. Indeed habits of sleep are already well established in the child at birth, although they require adjustment to the new environment. How far these alternating phases of rest and activity are purely the result of intraorganic conditions, or how far they are due to environmental influences in the case either of the fœtus or of the new-born child, is a question of developmental interest which experiment and observation have yet to answer. The new-born child appears to be comparatively little disturbed by his environment except in regard to changes in temperature. Internal disturbances, however, such as hunger and pain, are well-recognized sources of disquiet. Except when agitated by such causes, the healthy new-born infant will sleep most of the time.

Growth is accompanied by a gradual diminution and redistribution of the hours of sleep. Adults show great variations in their sleeping requirements, so that while eight hours is generally recognized as a safe adult minimum, there are many people who work well on a lesser amount. This shows how much sleep is the result of conditioning—in other words, of training in habit. Sleep also illustrates nicely, not only the varieties of habit possible, but also the physiological limits of habit. Persistent deprivation of sleep brings incapacity, and ultimately death, in a comparatively short time. Interference with any of the basic physiological functions will do this sooner or later, but enforced insomnia is more rapid in its effects than, for instance, starvation.

The formation of sleeping habits has significance in regard to health and also to work. With children we commonly think of the former, with adults the interaction of sleep and work habits are more prominent. The person who sleeps easily in the midst of distraction, who can go to sleep quickly, who is not tied to associations with certain places, or beds, or pillows, possesses powers of recuperation and a control over his mental processes which others lack. To have formed the habit of switching readily from activity to the passive attitude inducive of sleep is a great asset alike for health and for accomplishment. Yet this capacity depends, we believe, not so much on native differences between people as on differences of training—particularly of early training. The importance of sleep for health, particularly in the child, is a point sufficiently obvious to be accepted at once. The importance of sleep habits in relation to efficiency, especially in adult life, is a reënforcing argument for the early establishment of good habits of sleep.

Learning to Sleep.

How do we learn to go to sleep? Much has been written on sleep from various points of view, yet there is to-day no generally accepted theory of *why* we sleep. Certain organisms low in the scale of life seem to have achieved perpetual movement. It is only with advance in the biological ladder that alternations of activity and rest appear. Just what happens to the organism during sleep is a question which biologists, physiologists and psychologists are still trying to answer. Our concern is, however, less with speculation as to the fundamental factors involved in sleep than with the practical problems of training children to sleep properly. Observation of the behavior of children during sleep and in process of going to sleep is more valuable for our purpose than more delicate experimentation on the sleeping process.

Conditions of Sleep.

If one watches a small child trying to go to sleep, it is apparent that sleep is often a difficult state to realize. The infant sleeps naturally, the young child has in certain conditions to achieve sleep! What has caused the difference? The explanation would seem to lie in the greater susceptibility of the older child to external stimuli—his ability to recognize and to interpret what is going on around him and his inability to inhibit an attentive attitude. The external world of sight and sound impinges sharply on his consciousness and calls forth a constant flow of responses, and similarly his own thoughts and memories have their appeal. Hence, when he tries to sleep, two antagonistic factors are in operation—on the one hand the tendency to activity, and on the other the opposing tendency to let down, to assume a passive rôle—in other words, to go to sleep. Now, contrary to what one might expect, the active tendencies are easy, while the passive ones are difficult. Watch, for example, a group of people sitting supposedly quiet listening to a speaker. One will be drawing, another folding her handkerchief, another rubbing her face, clasping and unclasping her hands, etc. The behavior of children shows this tendency even more markedly. To inhibit movement and assume a passive rôle is truly difficult. Yet such inhibition of bodily movement is the most important condition for sleep. Persuade or even compel a child to lie quiet and sleep follows almost immediately. Indeed, in overcoming the rebellion of a fractious child who is fighting against sleep it is often amusing to watch the suddenness with which resistance melts away once bodily movements can be inhibited. Dr. Sidis' experiments in wrapping animals and children tightly to prevent movement had exactly this result of inducing sleep. While this illustrates the principle it is not necessarily the best means of training in good sleeping habits.

Strenuous bodily exercise predisposes to sleep. The muscles are then sufficiently fatigued that the ordinary tendency to movement is overcome—we *want* to keep quiet. Mental activity, on the other hand, which demands quiescence of the larger muscles and activity only of certain of

the finer muscular adjustments of voice, eyes, hands, etc., instead of predisposing to sleep may render it exceedingly difficult—the large musculature not being sufficiently tired to make inactivity acceptable.

Any natural means of reducing the intensity of stimulation—the closing of the eyes, darkening of the room, reducing noises, etc.—are helpful. It should be recognized, however, that this is partly a matter of training, for one may accustom oneself to disregard even the most disquieting surroundings. People who live amidst the noises of a great city may find little difficulty in going to sleep, whereas they at first find the country so oppressively quiet that they cannot rest!

Monotonous stimuli of sound or movement are supposed to induce sleep—the falling of water, the voice of the preacher or lecturer, the swaying of the railway train. The holding of attention on one point instead of allowing it to shift rapidly from one aspect of sensation to another, results almost invariably in sleep or in some form of hypnosis—a state closely allied to sleep. Diffusion and reduction rather than concentration of attention is a necessary condition.

Control of the external stimuli in ways such as we have described is, in fact, the basis of that technique of a generation ago of putting children to sleep by rocking, singing, soothing, etc. The objection is not that these practices are without effect, but that they definitely condition the child to a particular external situation which has to be created for him and without which he then cannot get to sleep. Such dependence may likewise come to be placed upon a particular toy or woolly blanket as upon the fondling of an adult. The point to remember is that training to sleep means training the child in the ability to let down, to disregard stimuli and to inhibit active responses. This is something he himself must begin to do rather than have done for him. That is, the real objective is to establish an inner control on the part of the child rather than to make sleep dependent on external stimulations produced by others. While the child should not be allowed to depend on specific associations, he must be surrounded by the right environmental conditions in order to encourage the development of

his own control. Under routine and regulation of sleep we shall try to discuss those environmental influences which are most favorable to the development of good sleeping habits.

The Routine of Sleep.

The infant, as we have said, does not need to learn *how* to sleep. All that is required is to keep him comfortable so that his sleep will not be disturbed. Regular feeding periods, the avoidance of digestive disturbances, proper bathing, warmth, attention to his eliminative needs, are all that should be required for the healthy child in the first weeks of life. During the intervals between these operations he should sleep undisturbed in his cot, being taken up and handled only when attention to his routine demands it. No care needs to be taken to keep the house unusually quiet. Infants are not keenly sensitive to ordinary noises. They will not be disturbed by environmental causes so long as they are kept warm and comfortable and well-fed. The great thing for the adult to learn is to *leave the baby alone.* Every young mother goes through the struggle of frantically wanting to do something when the baby cries, whereas it is essential not to interfere with the child provided one knows that the routine is adequate and that his various needs have been met in accordance with that schedule. The injunctions of pediatricians in this respect have worked a revolution in methods of controlling children. It should be remembered that habits for a lifetime are being formed when the infant is thus left to go to sleep when the occasion is one that demands sleep. Non-interference seems in this case to be the first stage in right habit-formation.

As the infant grows older the waking or active periods lengthen. It is important now to see that the baby has plenty of exercise at stated periods—freedom to stretch and roll and kick with his hampering garments removed, lying on a bed or canvas table. Such general bodily exercise, if not unduly prolonged, should predispose to sleep.

The decrease in the total length of sleep should bring with it no change in the regularity of sleeping habits. If non-interference is the key-word with the infant, regularity

in the alternating periods of sleeping, waking, food, and the toilet is the essential with the baby from one to two years of age.

Day Sleep.

The decrease in amount of sleep comes first in the day periods. Up to twelve months the baby should have both a morning and afternoon sleep. Early in the second year the morning sleep will disappear, but the afternoon sleep should be continued if possible at least to the fifth year. An investigation into the sleeping habits of children made under this school showed that no children slept in the afternoon after about five years of age. How far this is a natural lapse and how far due to indifferent training on the part of the parents is a question. As many adults sleep for a short period in the afternoon and are admittedly the better for it, one wonders why this habit should be broken in early childhood except, indeed, for the exigencies of the school situation. Certainly it should be continued up to five years at least. One cannot over-emphasize the importance of this habit and the obligation of parents to see that it is carried out. It prevents over-fatigue in children and has enormous recuperative value in the life of adults.

It is therefore important that the conditions of the afternoon nap should be carefully regulated. That the afternoon nap is largely under the control of the parent, whose responsibility it is to control the conditions of sleep, is shown repeatedly when children are first brought to the nursery school. There the parent naïvely assures us, often in the presence of the child, that Mary *never* sleeps in the afternoon. Such children almost always sleep after a short period at the school. Even the most difficult cases yield to control after a longer process of reëducation.

Interruptions in the routine which suggest to the child that it is a matter of choice whether he rests or not, are undesirable. The child should be put to bed with unfailing regularity. He should have dinner at midday, and go to bed immediately afterwards, sleeping for not longer than an hour and a half. He should always be up and out to

play by three o'clock. A longer sleep or sleep in the late afternoon will interfere with night sleep in a child of over three years. Even if the child does not sleep he gets the benefit of rest from his customary activities.

Children over five, when not in school, even if they do not sleep should be sent for a short period of afternoon rest—twenty to thirty minutes. Quiet should be enforced, but if not asleep at the end of this time they should be allowed to get up and go out to play. The intermediary stage, when the habit of sleeping in the afternoon is beginning to disappear, may present some difficulty and uncertainty for the parent. There is evidence to show that the disappearance does not come about by a gradual shortening of the length of the nap day by day over a period, but rather that the child will sleep his full nap on some days but not at all on others—the so-called all-or-none principle. It is necessary to recognize this stage in the child's sleeping habits and to be content if he rests even without sleeping. A set and limited time for rest, with regularity and consistency of handling, will determine our success with regard to the afternoon nap.

Night Sleep.

Night sleep decreases with age, the bedtime hour being gradually set back in accord with the lessened need of sleep. Opinions differ among the authorities who have written on the sleep of children, but it is doubtful if during the period of rapid growth—say up to fifteen or sixteen years—children should be allowed to stay up later than nine o'clock. Unfortunately, indulgence in late hours is fairly common, and must affect materially the health of the growing child.

Tables at the end of this chapter show the amount of sleep in hours and the bedtimes for children of different ages as found in an investigation into sleeping habits made through parent-education groups at this school. It should be remembered that these figures are averages and do not represent necessarily the optimum either for amount of sleep or bedtime hour.

Seasonal variations influence sleep. While we have not kept summer records as yet, the findings of other investi-

gators indicate a decreased amount of sleep in summer. Whether this is a necessary difference or one due to changes in the routine on account of the longer daylight, is another question. At present we are making an inquiry as to the effect of "daylight saving" on sleeping habits. Our impression is that the changes which may occur in the child's sleeping habits are due more to breaks in the routine permitted by the parents, to suggestion from the parents that sleep is going to be interrupted and difficult, and to the influence of other children who are allowed to regulate their own bedtime, rather than to the actual inability of a child to sleep during daylight and in the midst of distractions. That children find greater temptations to wakefulness during daylight has, of course, long been recognized. Stevenson immortalized the child's protest:

> I have to go to bed and see
> The bird still hopping on the tree,
> And hear the grown-up people's feet
> Still going past me in the street.
>
> And does it not seem hard to you,
> When all the sky is clear and blue
> And I should like so much to play,
> To have to go to bed by day?

But this after all is an adult's version, and may not represent the situation that would be found under more adequate and regular training.

In summing up the main points in regard to a routine of sleep we may recapitulate: (1) The importance of not interfering with the child's tendency to sleep; (2) regularity and consistency of practice in regard to times of sleep; (3) the daytime nap; (4) a bedtime hour appropriate to the child's age; (5) sufficient amounts of sleep for the ages in question.

If parents are desirous of testing their procedures by the results given in our tables, the keeping of a sleeping chart such as the one given among the records in Part III will indicate, first, how far their procedure varies from that commonly followed with children of the same age, and sec-

ondly, how far they themselves vary from the standards which they profess and really believe they have adopted. "I would not believe that I varied my child's bedtime hour so much if I had not been asked to put it down in black and white," is the comment frequently heard from mothers who have kept such a record. Knowledge of what we actually do is often the best clew to what we ought to do.

Regulation of Sleep.

A routine is what regulates sleep. Other considerations of importance are: preparation for sleep, proper physical conditions, a proper place for sleep, and adult attitudes. We shall discuss these in turn.

Preparation for Sleep.

The older child, like the infant, is subject to organic disturbances which may affect sleep. These conditions, however, are largely amenable to outward controls. Thus a satisfying but easily digestible supper at 5 or 5.30 P.M. and a quiet period preceding bedtime predispose to rest. Vigorous outdoor play that fully exercises the bodily muscles is essential, but such play should not immediately precede sleep. While a vigorous child may continue play without injury, a nervous, high-strung child may become tired to the point of exhaustion and so find sleep well-nigh impossible. After supper a quiet half-hour of reading, story-telling, music or looking at pictures is the best prelude to sleep. The father may well contribute to this, but not with a vigorous exciting romp.

A warm bath helps to relax bodily tensions and predisposes to sleep. Toilet needs should be attended to, a drink of water (unless there is an incontinence difficulty), a handkerchief furnished, etc. In this way one may anticipate the frequent calls by which children seek to gain attention after they have been put to bed.

A quiet mind is essential to sleep. Parents should use the bedtime hour to help the child to settle his moral accounts

for the day. This is especially true of older children who are away at school for part of their time. Saying his prayers may have a definitely therapeutic and relaxing effect. When the child is ready he should be put in bed, securely tucked in, the lights turned out and the door closed. Such a procedure should serve as a definite signal that the time for sleep has come. The practice of taking toys to bed is common but has disadvantages. Apart from attachment to a particular object as an arbitrary condition for sleep, toys may be an incentive to play, arousing mental activity and so postponing the onset of sleep. If the child is accustomed to a proper routine he should fall asleep readily without toys. In the morning, when the child is awake for some time before rising hour, toys may be allowed him to keep him contented and occupied.

Physical Conditions.

Certain physical conditions should always be observed in regard to sleep. A window should be open so that the temperature may be low, the air fresh, and the humidity of the room approximate to that outside. To secure thorough ventilation it may be necessary to use screens to protect the child from draughts.

Night clothing should be light, soft and warm. Sleepers are ideal for winter wear as they protect the child from cold. Bed-covers also should be warm without being heavy. A firm mattress and a small pillow, or none, are desirable. The mattress and springs should be of good quality. Children are sometimes allowed to sleep on beds which the parents would refuse indignantly to endure.

A Place to Sleep.

Children should be trained from early infancy to sleep alone in a room. They should never sleep with adults, and the sleeping in the same bed of children of the same sex may be justified only in an emergency. Children of opposite sexes should *never* sleep together. Where it is impossible to give children separate rooms they can at least have

separate beds. This matter is of the first importance both as regards health and the formation of desirable habits and the prevention of undesirable sex habits.

Wherever possible, children should not merely sleep in separate beds, but should have their own rooms. This prevents them from keeping one another awake, it also cultivates the sense of privacy which is as important as companionship for the developing experience of the child.

Adult Attitudes.

The sleeping situation may be controlled by suggestions from the environment; but suggestions from the behavior of the adult are equally potent. To make children realize that play is over and that the time for rest is at hand is of the greatest importance. Thus in one nursery school where it happens to be necessary to have children sleep in the same room where they play, an added accent on the sleep attitude is necessary to counteract the ordinary associations. The blinds are drawn, not so much because it is necessary to exclude the light, but in order to mark the distinction between the room as play-room and as sleeping-room. The attendant tiptoes over to the child and takes him to his cot, emphasizing by her every movement and gesture that *quiet* is the key-note of the situation. When not busy with the children she remains relaxed in a resting attitude. Thus her whole behavior reënforces the suggestion of sleep. To assume without fuss that the child *wants* to sleep and is going to sleep, often helps to accomplish the end desired.

Emotional Reactions.

The adult must never show an emotional reaction, no matter how tiresome the child's behavior may be—as soon as she does so she loses control of the situation. Emotional reactions on the part of the child against sleep or against the adult in charge of the situation are not significant *provided they do not provoke a response from the adult.* If the adult shows anger or impatience, resentment or added

resistance is likely to develop in the child; if she is quiet, calm and determined in the face of opposition and bad temper, she will ultimately win the battle and gain the child's confidence as well. These points are mentioned because it is sometimes necessary for parents to stay in the room with a fractious child, and it is important that they should understand how their attitude inevitably works on the child.

As with eating situations so too here, the child's difficulties in sleeping should never be discussed in his presence. To say that a child sleeps badly is a safe way of ensuring his doing so.

Sleeping Difficulties.

Wakefulness is the commonest form of sleeping problem. It is important to examine the whole situation in order to find out *why* the child is wakeful. Only a complete history of the individual case, showing the trends and practices over a considerable period, can reveal this. In general it may be said that sleeping difficulties seldom appear in isolation. They are generally the concomitants of other aspects of a faulty routine. Regularity in habits throughout the day as well as regularity in sleeping-time is itself one of the prerequisites of sound sleep at night.

Wakefulness may be a habit resulting directly from success in the attempt to get attention from the parents by calling them back to the room on one excuse or another. Here the cure is to attend to the child's legitimate needs when putting him to bed, and then to refuse to be lured back under any circumstances. A slight change in the environment is often sufficient to overcome the difficulty. A mother in our consultation service reported that her baby of eighteen months persisted in leaning out of his cot, opening the door of the room, and calling down to his parents. When they came up he would be buried under the covers laughing at the joke he had played. Moving the cot out of reach of the door stopped the game, and he thereafter went to sleep without protest.

Fatigue may cause wakefulness, and here again adjustment of the routine and the introduction of a quiet period

preceding bedtime should help to overcome this difficulty. On the other hand, lack of vigorous outdoor play may mean that the child is not sufficiently tired to sleep readily. A careful analysis of the individual case is essential in order to discover the cure.

Dreams, sleep-walking, talking in the sleep, etc., may indicate either physical disorder—such as digestive difficulties—or else some persistent conflict in the experience of the child. If the routine is properly adjusted and such disturbances persist, they call for special investigation by a competent physician.

Emotional disturbances are one of the commonest causes of wakefulness. Children should never be severely disciplined at bedtime. They are tired and their behavior is apt to be influenced by this bodily condition. Removal from the exciting environment, a quiet, soothing ministration of voice and manner to help the child let down in tension, is the more helpful procedure. To smooth away difficulty is the objective instead of making it more acute by punishment.

Disturbing events of the day are likely to interfere with the sleep of older children. The wise parent will hesitate to delegate to a nurse the putting of her children to bed. She will whenever possible use this time to discover—generally quite incidentally—how the child's day has gone. Anything in the nature of an inquisition accentuates the child's conflict; to be ready to listen if anything needs telling is a wiser attitude than probing for hidden troubles. Burnham's advice in regard to sleep may well be adapted to the needs of our children:

"Purge the mind as well as the body of the poisonous products of the day's activity, worry, fear, any ill-will or grudge, or evil thought, and for once at least in the day make the attitude peaceful and relaxed."

OUTLINE IV

HABITS OF SLEEPING

I. The Nature of Sleep:
   - Begins in pre-natal stage.
   - The degree to which it may be conditioned.
   - Relation to health and efficiency.

II. Learning to Sleep:
   - Inhibition of gross bodily movements.
   - Teaching a child to be quiet.

III. The Routine of Sleep:
   - Non-interference.
   - Regularity and consistency.
   - The daytime nap.
   - Bedtime hours.
   - Amount of sleep.

IV. The Regulation of Sleep:
   - Preparation for sleep.
   - Physical conditions.
   - A proper place.
   - Adult attitudes.

V. Difficulties:
   - Wakefulness caused by—
     - faults in routine;
     - over-fatigue;
     - under-exercise.
   - Dreams and nightmares.
   - Emotional upsets—
     - just prior to bedtime;
     - during the day.

VI. References:
   - Blanton and Blanton, *Child Guidance,* chapter v.
   - Burnham, *The Hygiene of Sleep,* Pedagogical Seminary, March 1920, vol. xxxvii.

VII. Questions:
   1. What measures have you found effective in training your children to go to sleep?
   2. What do your children do between waking and rising in the morning?

ILLUSTRATIONS—IV

HABITS OF SLEEPING

I. *Bedtime Hour and Hours of Sleep.*

The following table shows the results of a study through members of our parent-education groups over one week upon 102 children of ages from one to twelve years, indicating the total amount of sleep, the most frequently reported time of retiring, and the average variation from the appointed bedtime of children in the families concerned. The study was made in the wintertime.

BEDTIME HOUR AND HOURS OF SLEEP*

Age in years and months	No. of cases	No. of cases taking day nap	Duration of sleep in hours and minutes			Most frequently reported bedtime	Measure of variability from appointed bedtime hour
			By day	By night	Total		
			H. M.	H. M.	H. M.	p.m.	min.
1–1/11	11	11	1.42	12.11	13.42	6.30	8.5
2–2/11	20	18	1.10	11.35	12.45	6.45	10.5
3–3/11	16	15	1.22	11.30	12.52	6.30	12.5
4–4/11	9	6	.37	11.30	12.07	6.30	11
5–5/11	7	4	.09	11.21	11.30	7.45 (?)	15
6–6/11	14	0		11.16	11.16	7	15
7–7/11	9	0		11.03	11.03	7.30	28
8–8/11	3	0		10.35	10.35	7.30	28
9–9/11	7	0		10.44	10.44	7.30	14
10–11/11	6	0		10.32	10.32	8.30	24

*Reprinted by kind permission of Professor Carl Murchison from "A Study of Sleeping Habits of Children," by Nellie Chant and W. E. Blatz, in *Observation and Training of the Fundamental Habits in Young Children*, Genetic Psychology Monographs, vol. iv., No. 1, July 1928.

These data show that:

1. Day sleep disappeared before six years.
2. Total sleep decreased progressively from 13¾ hours at one year to 10½ hours at twelve years.
3. The bedtime hour advanced with age from 6.30 to 8. 30 P.M.
4. Regularity was greater with young children, but the common practice is not sufficiently consistent to promote good sleeping habits.

II. *Typical Sleeping Habits.*

Below is a summary of sleeping habits reported of children under six years by mothers at one meeting of a parent group.

Case	Age		Supper hour	Preliminaries to bed	In bed	Asleep	Comments
	yrs.	mths.	p.m.		p.m.	p.m.	
1.	1	2	6	Undress and toilet	6.30	6.45	No trouble
2.	2	3	6	Bathed and undressed	6.45	8 or later	Light, doll and hanky. Wets bed in intervals
3.	2	6	5.30	Plays—bathed	7 to 7.45	8.15	Depends on day sleep
4.	3	3	6	Undressed, bathed, toilet	7	7.15	No trouble
5.	3	5	6	Plays; undresses herself	7.30	8 to 9	Depends on nap; talks to herself
6.	3	10	4.45	Plays with other children; bath at 6.30	7	7.30	
7.	4	10	4.45 to 5	Plays with other children; bath at 6.30	7.15	8	Lies quiet
8.	4	11	5.45	Toilet and undress	6.45	7.15	Two in room, may talk
9.	6	6	5.34	Plays; bath alternate nights	7.15	8.30	Doll

This table illustrates:

1. Influence of afternoon nap, probably too prolonged—Cases 3 and 5.
2. Excuses to get attention of the mother—Case 2.
3. Influence of toys—Case 9.
4. Companionship of two children—Case 8.

III. *Excuses for Gaining Attention.* Three contrasting attitudes. Which is preferable?

Mrs. A. "I give my child a drink and say there will be no more, and *I stick to it.*"

Mrs. B. "My child will sometimes ask to go to the toilet three times within an hour, and *I have to take her up.*"

Mrs. C. "My child knows that *I will punish her if she gets up,* so she seldom asks."

IV. *Toys.*

"I find that in order to get my child to sleep he must have his teddy-bear in bed with him."

"My child takes a whole family to bed with her. If she sleeps in the afternoon she is allowed to have the light on after she is put to bed at night until we come up from dinner. I often find her asleep when I come up."

V. *Over-fatigue and Under-exercise.*

"If I allow my baby to stay up for a few minutes after supper she becomes boisterous, therefore I put her to bed immediately after finishing supper and she goes to sleep at once."

"When my little boy was two years old he often had difficulty in going to sleep. I concluded that he was not really tired. I put his bedtime half an hour later and saw to it that he had plenty of outdoor exercise so that he was really tired. Now he goes to sleep almost immediately."

CASE IV

GRACE. Age 5/8. M.A. 6/6. I.Q. 115.

Problem as stated by mother:

"Difficulty with sleeping routine—lies awake till 11.30 P.M.—talks to herself—calls out that she cannot sleep—gets up a number of times—wakes frequently at 2.30 and lies awake two to three hours. Have given her warm milk when she calls—stroked her back—taken her into parents' bed—read to her in early morning, etc."

History:

Family life:
Father: Middle-aged—successful business man—fourth of family of seven.
Mother: Middle-aged—happy—sixth of family of eight—afraid of dogs.
* Siblings: Grace is an *only child.*
Miscarriages: None.
Other persons in home: None.
Home: Upper duplex—comfortable—roomy—separate room for child—outside playground.
Obstetrical history: Normal.
Developmental history: Negative—happy infant.
Present physical condition: Excellent.
Attitudes: No problems.
Motor: Normal.
Speech: Early.
Eating: No problem.
Eliminative—Bladder: No trouble after first year—taken up now occasionally at night—no day wetting.
Bowel: No trouble.
* Sleeping: Stopped day sleep at age 4½—no trouble up to six months ago—began irregular bedtimes—moved to a strange town within commuting distance—father's hour changed—waited till he came home to give him an opportunity of playing with child.

* Play: Inadequate companionship—an eight-year-old girl—regular periods.
  Sex: Asked about herself at age five—was given reasonable and satisfactory answers.
* Emotional—Fears: "Dogs from when I can remember"—balloons—bands.
  Anger: "Terrible lately"—"call her to meals and she resents being disturbed—resents going to bed—dressing, etc."—"I talk to her, coax her and have to punish her two or three times a week—her father spanks her occasionally for this."
  Self-tendencies: Wants her own way—on good terms with companions—not shy or forward.
  Discipline: Father away all day till early in the evening—reasonable and regular discipline except for sleeping—frequent corporal punishment.

Diagnosis:

A normal healthy girl under good discipline until recently, when the routine was disturbed to fit in with new habit of parents with resulting disruption of regular habits.

Sleeping irregularity—too little sleep with resulting fatigue leading to increased emotional instability—fear of dogs no doubt imitative of mother.

Recommendations:

Sleep alone.
Stop taking up at 11.30. Put chamber close to her bed for her use if necessary.
Have story hour *before* dinner.
Put to bed after dinner—must be in bed.
Try and get her into kindergarten.
Avoid showing fear in front of child.
Isolate during an outburst of temper.
Avoid all corporal punishment.

Progress:

Sleeping record week before clinic:

	Afternoon nap	To bed	Asleep	Awake	Comments
Sun.	None	8	10.10	6.30	Up in night
Mon.	"	8	8.25	11.05	
Tues.	"	7.45	11	9.35	Up in night
Wed.	"	7.45	9.30	8	Up in night
Thurs.	"	7.55	8.40	8.10	
Fri.	"	7.55	9	8	
Sat.	"	7.45	8.30	10	

Report two weeks later:

Sleeps alone—very much better.
Has not been taken up—has got up six times but has been put back to bed.
Goes to bed without grumbling.
Placed in kindergarten—class of forty-four pupils.

Sleeping record four weeks later:

	Afternoon sleep	To bed	Asleep	Awake
Sun.	None	7.30	9	10
Mon.	"	7.45	9	7.30
Tues.	"	8	9	9.25
Wed.	"	7.55	9	9.45
Thurs.	"	8	9	8
Fri.	"	8	9.20	7.45
Sat.	"	8.30	9	9

Report six months later:

Routine continued—no relapse into sleeping irregularities.
Enjoys school very much.
Temper outbursts much fewer in number.
Fears still persist.

Comment:

Sleeping irregularities when uncomplicated, as in this case, by other habit irregularities respond very quickly to a regular discipline.

CHAPTER V

HABITS OF ELIMINATION

In this sphere of habit-training, difficulties are frequently due to over-training on the part of a too zealous mother. Neglect delays control but seldom prevents it; too solicitous attention to the function may make the child self-conscious and defeat one's purpose—even precipitating serious and persistent conditions which call for clinical assistance.

Control of the mother's attitude towards the functions of elimination seems to be the best means of assuring control on the part of the child. This fact has long been recognized by psychiatrists in habit clinics who have to do with extreme cases, but we believe that this principle is likewise the basis of the *normal* training of these habits. The mother's attitude is therefore as fundamental to the prevention of disorders as to their remedy. The essential point for the mother's guidance is to give her a carefully planned routine to follow in training. After outlining this in detail we shall refer to some of the difficulties that may arise through faulty training.

Factors in Eliminative Control.

In the infant, urination and defecation are both involuntary functions; the development of voluntary control depends on a number of factors. First, the nervous mechanism necessary for control is not fully matured at birth and its further development is necessary before control can gradually be achieved; secondly, psychological factors enter into a fully established voluntary control. The child must have developed sufficiently to (1) recognize the sensations of pressure in the bladder or rectum, (2) remember the associated sensations of voiding, (3) retain a state of muscle

tension until the appropriate place and time for elimination can be reached. This presupposes not only physiological growth, but a considerable degree of conscious experience on the part of the child. It will therefore be apparent how absurd it is for mothers to boast of having children trained in bladder control at two or three months. The mother may have good luck in anticipating accidents, but the control is hers, not the child's and this may actually militate against real control on the child's part, as we shall see later.

Bowel Control.

Bowel control is easier to establish than bladder control, as it depends more largely on the kind and times of intake of food. It should therefore be undertaken first. As soon as the stools have formed, usually about the third month, begin by placing the child on the chair or chamber after the morning feeding or before the bath. It is of the greatest importance to condition the child to a movement at a regular time each day. After a meal is undoubtedly the best time for an older child who has been placed on a three-meal schedule. The taking of food into the stomach sets up peristalsis and the bowel naturally empties itself. After breakfast would seem to be the best time both for health and convenience, but if the child adapts himself to another hour it is probably better to let things take their course. A regular time and one in relation to some fixed point in the routine of the day is the thing to aim at. Opinions differ as to the number of movements that there should be during the day; here, again, regularity and adjustment to the routine rather than any pronouncement as to the relative desirability of one, two or three movements, is what we wish to emphasize.

A soap-stick or glycerine suppository may be used in beginning training in order to condition the child. The use of a suppository should be clearly distinguished from the use of enemas or laxatives, which should only be resorted to on a doctor's orders. The suppository is merely a mechanical means to stimulate the sensations and movements appropriate to the act of defecation. Its use helps the child

to recognize incipient pressure and to facilitate the movement by voluntary effort. Suppositories should not be used for more than two weeks at a time. A child may show violent resistance to their use. If the case is one which has presented persistent difficulties, the resistance must be disregarded—it is almost sure to disappear with repetition of the process. On the other hand, if, in the initial stages of training, strong resistance develops, it may be better to train the child by watching for the usual time for movements to occur and then anticipating by putting the child on the chair just before that time.

It is advisable to put the child on the chair and then leave the room for a time. Urging and encouragement tend to distract the child or make him over-anxious, thereby interfering with essential psychological features of the act, namely, his concentration on the inner sensations involved. He will often succeed when left alone. Twenty minutes on the chair should be enough. Remove him then whatever the outcome and never encourage dawdling. The parent's attitude should show that she expects success by the child, but under all circumstances irritation, scolding or punishment should be rigorously suppressed by the parent to avoid associating in the mind of the child this unpleasant accompaniment with his attempt.

Bladder Control.

If the child is placed on the chair once or twice a day for bowel movements, he will probably urinate at the same time. This will accustom him at least to the use of the chair for the voiding of the bladder. At other times, as, for instance, on bringing in from the afternoon nap, if dry he may be placed on the chair. In doing so, however, the mother must always recognize that she is merely anticipating the function and thereby saving trouble for herself in washing diapers —she is not training the child. It is useless, for the reasons already stated, to try to have the child achieve control, as opposed to the mother's merely anticipating voiding, much earlier than about fifteen to eighteen months.

When the child is fifteen months old, begin by adopting

the following routine: Place the child on the toilet as soon as he wakens in the morning, before and after meals, and after the afternoon nap. Do this systematically, and if nothing happens simply remove him without ado. Never leave him on the chair for more than twenty minutes. Take the result always as a matter of course, being very careful to show neither anger nor disappointment if he accomplishes nothing. This is of the greatest importance in one's manner. Even if the child is wet five minutes after you take him off the chair, be patient, and take it cheerfully as all in the day's work. It is perhaps helpful to realize that no incident, however trying, can possibly be as important as the larger objective—making a success of training one's child—and that every instance of failure on our part is a step away from that goal. Training is likely to be a long process, with many relapses, and the mother should not feel discouraged if her most diligent efforts seem to meet with scant success. Results are sometimes suddenly achieved after a long period of failures.

When this routine has been established and is working fairly successfully, one may add two other periods during morning play and one or two in the afternoon—making intervals of about one hour. Bring the child in from play *by the clock,* not when he asks or you remember. This is your responsibility, not his. Bring him in even if he is engrossed in play and inclined to resist. This should be taken for granted as a matter of routine and not a subject for debate.

At this time the child is getting some command of language. Therefore begin to associate a chosen word, such as "toilet," with the act. The various euphemisms employed in various families, often originating with the children themselves, are perhaps not always desirable. It seems better on the whole to adopt some direct but inoffensive phrase, and one that can be used with no other significance, for the child. An experienced nursery-school teacher once found that forty different terms were in use among the children in her school! A key was necessary to enable her staff to translate.

At about eighteen months night training may be begun,

provided fair daytime control has been established. It is, of course, harder to establish a voluntary control during sleep than during full consciousness, therefore this phase of training must wait on day control. Take the child up at ten o'clock each evening. If this is too late the hour may be moved forward to nine, but should not be earlier than that. Speak quietly to the child, using the "explanatory" word. Sensory contact with the cold chamber is often sufficient to initiate the act without fully arousing him. If nothing happens, or if marked resistance develops, put the child back to bed. If resistance is continued on successive nights discontinue taking up for a few weeks, then try again. It is most important not to fixate resistance to this nightly ritual.

Not infrequently there is a period during which the child finds it exceedingly difficult when taken up from sleep to initiate the act. This over-control presents as real a problem as its opposite extreme of incontinence. It may be one aspect of a general negativistic trend of behavior, or it may be simply the difficulty of rousing from deep sleep and adjusting to a required specific demand. A temporary distraction such as a toy, a drink, or piece of apple to eat, may facilitate his letting down and thereby passively initiate the act. Any emotional disturbance will almost certainly accentuate the resistance and completely defeat the end. It must be remembered that the aim is to assist the child in being able to perform at will. Any measures which militate against this cannot be regarded as constructive.

The child should not be disturbed between the ten o'clock rousing and the early morning period, unless he calls to go. He should be wrapped warmly and allowed to sleep without interruption. He is learning to sleep as well as to control the bladder and it is undesirable to form in him the habit of waking during the night. With an older child or in the treatment of enuresis, where a dry bed at any cost is an objective, the procedure, as we shall see, is different.

The most difficult period for the child to control is the early morning one, where voiding is likely to take place in the half-waking stage before the child is fully conscious of what he is doing. It may be necessary for parents to awaken

themselves with an alarm-clock half an hour before the child's usual time of waking in order to anticipate this.

At about two years of age a further step may be taken in daytime training. The child should now be able to control himself for intervals of an hour and a half; one morning and one afternoon period may therefore be dropped. One must always, of course, be guided in any changes by a knowledge of the child's capacity, and in this children differ widely.

Putting the child in drawers generally serves as an incentive to control, and this should be done before control is fully established. It is undesirable to keep a runabout child in diapers. They hamper his freedom of movement and suggest that he is still a baby. Children as a rule respond well to the appeal of "growing up" which pants imply. May a word of caution be added here against the too common practice of keeping children in rubber pants worn over diapers? This may be necessary on occasion, but worn habitually they simply accustom the child to being wet.

When the child habitually *asks* of his own accord to go to the toilet, one may assume that voluntary control is fairly complete. It always remains with children, as with adults, that violent excitement or emotion, especially fear, may precipitate temporary loss of control. This is as involuntary as infantile incontinence and should receive no greater reproach.

Adult Attitudes.

A child's reactions to eliminative functions will be largely conditioned by the attitudes of the adults in charge. Eliminative processes, involving as they do relief from bodily tensions, are normally pleasant and are almost always so regarded by the child. Yet many adults have themselves been conditioned to feel shame and disgust in connection with such functions; they must therefore re-condition themselves or else they will convey their own unfortunate attitudes to their children. Without over-emphasizing toilet performances it is desirable to preserve the child's normal

sense of satisfaction. The young child should be given some elementary explanation of the relation between intake of food and the elimination of waste, of the part played by food in the building up of the body, of the variety of ways in which waste products are eliminated, and of the importance for health of the unimpeded exercise of these functions. He will then understand urination and defecation as necessary parts of the bodily economy and therefore free from any suggestion of uncleanness or shame. Undoubtedly chronic constipation in adults may have certain psychological aspects. By training the child not only in right habits but in right *attitudes* we may help to avoid such later difficulties.

This does not mean that no inhibitions either of speech or behavior should be established. A large part of training is just this building up of inhibitions in regard to place and time of elimination. Unnecessary discussion in relation to the act should also be prevented. The point is that such inhibitions should be built up simply as a matter of social convention, to be taken for granted as such without any implication of impropriety in the act itself.

One cannot say too emphatically that the mother's attitude is the most important factor in training. If she is quiet and calm and follows a consistent routine, being firm without forcing and using judgment in the measures she adopts, all should go well.

*Correction of Faulty Habits: Enuresis.**

Authorities differ somewhat as to what may be described as enuresis. Thus Blanton: "The automatic emptying of the bladder in the daytime after twelve or fifteen months or the automatic emptying of the bladder at night after two and a half or three years is called enuresis." Thom indicates that if control has not been established at two and a half years there is cause for concern. Gesell rates bladder control at eighteen months as good, at twenty-four months as normal. A conservative estimate would be to

* Readers interested in a detailed discussion of Enuresis should consult *Observation and Training of Fundamental Habits in Young Children*, by W. E. Blatz, Genetic Psychology Monographs, vol. iv., No. 1, July 1928.

consider wetting by day after two or three years and by night after three to four years as indicative of inadequate or delayed control. Considerable leeway must be allowed for individual differences among children.

Causes of Enuresis.

The possibility of physical causes must first be eliminated. It occasionally happens that an authentic physical cause is responsible for the trouble and such a possibility should never be overlooked. If a proper routine of training has been followed from the first and continence does not develop, there is, then, more reason to suspect some physical basis.

There is, however, agreement among the various writers to whom we have referred, that in the great majority of cases the causes are mental rather than physical. Cameron writes as follows: "I think that if we examine a large number of cases of bed-wetting in children we can come to no other conclusion than that the cause of the trouble lies in faults of management that have deprived the child of all confidence in his own powers of control." This would suggest that a general survey of the child's routine and also in particular of the child-parent relationship should be undertaken after the possibility of physical cause has been eliminated by medical examination.

Non-Physical Causes: Faulty Routine.

We have already referred to the dangers of over-training. If the child is put on the toilet every half-hour, or even every twenty minutes, as some parents in their misguided zeal have done, he is merely being conditioned to wetting himself frequently. Not an empty bladder or dry clothes, but the power to retain urine until the bladder is somewhat filled, and then to seek the appropriate means of voiding, is the desired end of training. Therefore parents are advised in training a child never to put him on the toilet at more frequent intervals than an hour. This represents approximately the time that it takes for the bladder of a year-old child to

fill, and it is therefore reasonable to expect continence for about that period. In correcting enuresis shorter intervals may sometimes be necessary, but that point will be explained later. With another type of parent complete lack of training in bladder control is the main difficulty. There are those, for instance, and they are not as few as one might think, who have no conception that a child of even three years can be completely dry.

Social Causes.

Social causes operate more frequently than is commonly supposed in precipitating crises of bed-wedding. Difficulties in the family situation between parents or children, maladjustments at school, either as regards work or companionship, any strongly emotional situation, may be contributing factors.

Jealousy is perhaps the commonest of these personality difficulties. In assessing the social factors in the situation, it must be considered as a possible factor in enuresis. The advent of a new baby, who absorbs all the mother's time and attention, may disturb the relationship between the mother and an older child to such a degree that even a child who has been trained in habits of continence may suffer a relapse. His behavior has simply fallen back to the infantile level, in an attempt, perhaps largely unconscious, to obtain again the attention that he was wont to enjoy at that age.

Any novel situation, particularly one involving unusual strain in adjustment, may again cause at least a temporary falling back or regression to an earlier or even infantile level of control. An interesting case is cited in the illustrative material of a mild relapse of this sort, consequent on the child's admission to the nursery school.

The types of personality difficulty might be multiplied—the underlying principle is the same in them all, undue stress resulting in regression to an earlier less adequate form of behavior. This, as has been pointed out before, is not peculiar to toilet habits, but is characteristic of most activities which show a progression from simpler to more complex forms of habit formation.

Treatment of Enuresis.

The psychological principles to be followed in treatment of enuresis not due to physical cause are as follows:

1. In the light of a full case-history the mother keeps a careful record of instances to show the present frequency of wetting.
2. A routine of training is prescribed by the medical consultant designed to achieve dryness for the child and to establish voluntary control.
3. The parent and child are motivated to coöperate fully until there is complete control.

Keeping of Records. This is to show just where the acute points of difficulty are. Does the child wet himself by day, or only by night? Is the early morning hour, just before waking, the most difficult period? etc. To keep a weekly record on a prescribed form, such as the one given in Part III., reveals almost as much to the mother who keeps it as it does to the consultant—except that it indicates to him something of the personality of the parent through whom he has to work. During the period of treatment the record may be kept by the child himself if old enough; in any case, it serves as a useful incentive for the best effort on the part of the child.

Prescribed Routine. Night wetting is attacked first since this is the commonest and functionally the most basic form of retardation in the development of bladder control—that is, while the conscious process is at lowest ebb during sleep. Subsequently day wetting (if this is involved) is dealt with by a similar method. In either case a routine is prescribed on the basis of the preliminary record, and is arranged in order that the child may be kept dry. The parent must undertake to waken the child and have him visit the toilet at stated times, spaced at intervals indicated as necessary by the initial record, in order to avoid wetting. The child, being old enough to appreciate voluntary effort, should be fully awake and conscious of his action. Having succeeded in remaining completely dry for a whole week under this

régime, one of the wakenings is dropped and the rest redistributed. If the succeeding week is dry on this reduced schedule, another wakening is dropped, and so on until the child can sleep through the night dry or waken of his own accord when necessary. Improvement is usually consistent though rarely rapid; several weeks or even months may be required for appreciable results, depending upon the severity of the condition and the persistence of the parents and child. As in every learning process, a certain number of relapses in performance may be expected in the course of the training. This occurs particularly upon changing to a reduced schedule and again illustrates the principle of regression when confronting a new and difficult situation. From all this it is seen that enuresis is a complicated condition, and that its remedy through the re-forming of adequate habits requires patience, insight and courage. The trouble that such training may involve, however, for parent and child at this stage is a mere bagatelle to the social misery the child will otherwise have to endure if nothing is done. The vain hope that "he will grow out of it" is a poor substitute for a constructive program.

Motivation. The parent must be made to realize that the inadequacy represented in enuresis is damaging to the child's morale—that it destroys his normal assurance and self-confidence and generates feelings of inferiority which may color his whole attitude and persist throughout life. That this is not an exaggeration is borne out by the repeated testimonies of adults who have suffered from this condition. Here, as in all reëducation, the principals must first grasp the necessity of action in terms of a broad perspective, and then concentrate upon the immediate steps essential to its realization. Keeping his own record of accomplishment is oftentimes an invaluable incentive with an older intelligent child. From the consultant's standpoint, coöperation, especially on the part of the parent, is a *sine qua non* of successful treatment. It is usually, however, far from easy to carry the full coöperation of both adult and child until a complete cure is secured. One reason for this final indifference on their part probably lies in the fact that thoroughness in one

undertaking depends upon habits of thoroughness in all our affairs, which is all too rare.

To emphasize the failures of children, to dwell on their inability to control themselves, is a sure way to fixate the undesirable habit. Expressions of shame, disappointment, anger and disgust all humiliate the child, and instead of motivating him to control, make him conscious of his shortcomings and destroy the last shreds of confidence in his own powers. The child's failure must never be discussed in his presence. It should be unnecessary to state this, but the frequency with which such an elementary rule is disregarded makes the emphasis timely.

Success, on the other hand, is the great motivating force with the child—as, indeed, with the parents as well. It is for this reason that a routine is adopted which aims at all costs to keep the child dry. To make the child believe that he can overcome the difficulty is an essential therapeutic measure. The parents' attitude must be one of calm and confidence—and this must be maintained even in the face of discouragement. Not only should the parents be in absolute agreement upon matters of attitude and policy in this regard, but the whole family atmosphere must be made to reënforce it. Success should be freely praised, every encouragement possible being given to help the child to achieve the desired result.

Punishment, if it has been used, should be abandoned as worse than useless. It intensifies anxiety in the child, and to anxiety there may be added resentment. Control is thus farther away than ever. The only legitimate deterrents are to have the child mop up the floor after an accident—as the little children are required to do in a nursery school; or with an older child, to make him wash the wet bedclothes. This may do something for the child if not for the sheets.

Irregularities of Bowel Control.

Persistent difficulty is less common with bowel than with bladder control in children; and there are often complicating nutritional factors predisposing either to constipation or to diarrhœa. The same extremes of difficulty do, however,

manifest themselves that we saw in respect of bladder control—incontinence on the one hand, and inability to begin the act, on the other. In the latter case complicating emotional factors generally due to some social conflict are probably the most important—a dislike to the chair, to suppositories, resistance to the mother, etc. Such attitudes may be induced and perpetuated in the child by the mother's behavior. A case was referred to our consultation service of a child of one year who was described as being "afraid of the chair." The mother claimed that she could quite understand it, for as a child she had shared the same fear. She was instructed to fasten the child on the chair and then to leave the room for twenty minutes. The first day the child screamed and nothing happened, the next day she screamed less and had a movement, after that the matter quickly adjusted itself. The removal of the mother with her apprehensions lowered the psychic tension and allowed the act to proceed normally.

Extreme negativism may cause a child to retain feces till he has an involuntary movement. Occasionally, also, children take a perverse pleasure in soiling themselves, or in smearing feces over the bed or walls of their room. Such behavior is usually associated with masturbation. It indicates either grave faults of management or some marked abnormal trend in the child. It always calls for expert advice and attention.

Washing Habits.

Children should be encouraged to wash themselves as soon as they are able—which is generally before the parents *think* that they are capable of doing so. Provide a low bench and basin, or a sturdy stool on which the child can climb in safety to the family basin. Make use of the child's interest in washing himself and *teach him how to do it.* This requires more time and trouble than doing it yourself, but it is infinitely better for the child. It is a sound principle of habit-training to use the native impulse—in this case the desire for mastery and achievement—as the center about which to organize a group of related habits. Many of the

latter difficulties arise because we have not taught the child to do *what* he wants to do *when* he wants to do it. Show the child *how* to wash his hands, *how* to wring out a washrag and wipe his face, neck and ears. Children coming into the nursery school at two years of age can very quickly learn to do most of this for themselves. That they seldom do so at home is due to the lack of time and often of patience on the part of parents. We should not overlook the value to the child of accomplishing such a task for himself. Mastery of early situations tends to give that permanent set towards achievement so valuable throughout life. Provide washrag, towel, soap, toothbrush, hairbrush and comb for the child, all in their proper places and conveniently within his reach, preferably hanging over his washbench and basin. A mirror set at the child's height is a great source of pleasure to the child, as well as an incentive to personal tidiness.

The daily bath should be continued throughout the preschool period, being shifted from morning to before bedtime when the child changes to a three-meal schedule. This must, of course, be attended to by the adult, though children of four and five years can do a good deal towards bathing themselves. It is one of the pleasantest parts of the daily home routine and is a habit that should not lightly be broken.

Why is it, parents ask, that children who are given every opportunity, even encouraged to do things for themselves, will delight in this program for an interval and then relapse and become indifferent to the care and cleanliness of their persons? An understanding of the motivating forces in habit formation may help us here. The young child washes himself for the satisfaction and interest in the act; but once he has mastered its difficulties it may hold no further charm for him. Biologically life is a progression of increasing complexity. New situations will ever attract, and old ones must, if they are to be usefully retained, be organized on a habit basis. The moral is to weld the habit while the interest is hot. And how may this be done? Certainly not by nagging or badgering the child. Even though one make the beginning as soon as the child's maturity permits, one's task is not done so soon as one had hoped. Take up the work

again and, *without making things unpleasant* in the household, see to it that the child washes his hands before meals, that his neck is clean behind the ears, his nails manicured, etc. Use social motivation as far as possible, but do not expect too much of this until the child reaches adolescence, when desire to attract the attention of other persons will quickly provide the new motive needed to establish individual control.

Dressing.

In regard to clothes the same thing may be briefly stated. Let the little child dress himself—or at least make the attempt—when the impulse first arises. Give him enough help to lift him over the difficult parts. Children often "stall" on one operation and judicious help at that part may make the whole process go smoothly. Children's clothes can often be made so that the process of putting on is simplified. As few fastenings as possible, large buttons where buttons are needed, as many garments of the slip-on variety as possible, will all help towards making the child independent. Appropriate clothing for children offers a large field for research, both in relation to health and to the child's training. The desire to get out to play will generally serve to carry forward dressing activities after the first interest in the process itself dies down.

Remember that to cultivate independence and initiative in the child should be the parent's underlying motive in regard to such performances. The actual accomplishment viewed from the adult scale of performance is negligible, but its significance in relation to the developing personality of the child may be momentous. Not our convenience but the child's achievement and development is what matters.

OUTLINE V

HABITS OF ELIMINATION

I. Training in Bowel and Bladder Control:
  - Bowel control—
    - begin at three months;
    - regular daily period;
    - methods of conditioning.
  - Bladder control—
    - begin at fifteen to eighteen months;
    - periods related to routine;
    - use of terms;
    - night control;
    - discarding of diapers.
  - Adult attitudes—
    - effects of suggestion;
    - social inhibitions.

II. Correcting Faulty Habits:
  - Enuresis—
    - Causes—
      - physical causes;
      - faulty training;
      - social factors.
    - Treatment:
      - records;
      - routine prescribed;
      - motivation.
  - Bowel incontinence—
    - calls for expert advice.

III. Habits of Washing and Dressing:
  - Provide proper equipment.
  - Adapt training to the child's impulse.
  - Encourage independence and initiative.

IV. References:

  - Blanton and Blanton, *Child Guidance,* chapter iv.
  - Cameron, *The Nervous Child,* chapter vii.

V. Questions:

1. Have your children first established bladder control at night or in the daytime? At what ages?
2. At what age should a child be able to wash and dress himself?

ILLUSTRATIONS—V

HABITS OF ELIMINATION

I. *Routine in Bowel Control.*

"Before the bath I set my baby on the chair while I am getting the bath things ready. I started at five months, using a suppository at first. I have had no difficulty in establishing the habit. If the baby does not have a movement of the usual size in the morning, I put him on after the noon feeding and as a rule he has another then."

"My child of fifteen months has usually two or three movements a day. I put him on the chair after each meal. His regular movement is always after his breakfast."

"My child for a few weeks lost his good routine. We gave up an overgrown and uncomfortable chair and put him on the toilet instead. This promptly restored good habits."

II. *Difficulties in Bladder Control.*

(*a*) Mother's Neglect of Routine.

"My child wet himself until he was two and a half. During the day he was so engrossed in play that he would forget to ask and would come running in sobbing and say that he could not help it."

(*b*) Personality Factors.

"My little girl of two years seemed to take a dislike to the chair and would not use it at all. The doctor said that she was stubborn and that I must force her on. She held herself in all the time—once she did not urinate for eighteen hours. Then she started wetting and soiling her diapers. I spanked her for doing that and she stopped all right after that. But every little while she will get a spasm of dislike against the toilet, either wetting herself or holding herself in."

(*c*) Disturbance of a Novel Situation.

"My child was perfectly dry until he came to the nursery school. Then he was wet four nights in succession and three times on Saturday. Previous to this he had gone for six months without an accident."

(*d*) Difficulty in Initiating the Act.

"My baby is three. If I take her up at night she screams and cries and will not urinate; when I put her back in bed she wets herself. No matter how long we keep her on the toilet there is no result."

CASE V

CARLISLE. Age 3/6. M.A. 4/0. I.Q. 114.

Problem as stated by mother:

"I am having great difficulty in training Carlisle in keeping dry at night and during afternoon sleep."

History:

Family life:
Father: Young adult—youngest of three children—salesman.
Mother: Young adult—high-school education—youngest of eight children—had nervous breakdown during late adolescence—very coöperative.
Siblings: Carlisle is an only child.
Other persons in home: None.
Home: Upper duplex—ample accommodation—comfortable—outside playground.
Obstetrical history: Cæsarean birth—otherwise normal pregnancy.
Developmental history: Negative.
Attitudes: Nothing outstanding.
Motor: Average.
Speech: Late.
Eating: No problem.
* Eliminative—Bladder: Started training at two months—taken to toilet every hour—started asking and then stopped—at two years *taken every ten minutes*—now wets during afternoon nap and is taken up at 11 P.M. and 1 A.M.—placed upon the chamber in bed—the child is not removed from bed nor purposely wakened—he is occasionally wet in the morning—now asks to go in the daytime.
Bowel: Routine begun at two months—adequate control at eighteen months.

* Sleeping: Light sleeper—throws off covers—occasional nightmare—long afternoon nap—insists on having door open.
Play: Adequate companionship of little girl of same age—regular hours.
Sex: No curiosity nor manipulation manifest as yet—parents have reasonable attitude towards instruction.
Emotional—Fears: Rustling paper at six months—no longer feared.
Anger: Began at eighteen months to scream and kick—put into his own room—adequately adjusted at present.
Self-tendencies: Obedient—tries to dominate playmate—cries rather easily—sucked thumb at three months—wrapped in a shawl—has not reappeared.
Discipline in home: Regular routine—no corporal punishment—mutual parental coöperation.

Diagnosis:

This is apparently a case where the training of the appetite in question was begun too early and continued at too frequent intervals at a time when the responsibility should have been thrust upon the child—the boy is having too long a day sleep.

Recommendations:

No fluids after five o'clock—give ample fluid during day.
When placed on chamber at night have child walk a few steps toward it—speak softly to the boy.
Do not let child sleep after 2.30 in the afternoon.
Insist upon the door being closed.
Put on a regular routine and keep records of achievement—do not scold but always commend.
Pointed out that she had expected too much of the child too soon.

Progress:

Number of days wet at following times:

	Afternoon nap	11.30 a.m.	1 p.m.	12 midnight	Morning	Comment
1st week	3	0	0		2	
2nd "	3	0	0		3	Changed routine
3rd "	3		0		5	
4th "	1		2		2	
5th "	0		1		3	
6th "	0		0		3	
7th "	0		0		1	
8th "	0		0		2	
9th "	0		0		0	
10th "	0		0		0	

The mother reports in addition that the child is sleeping more soundly and is very much pleased by his performance. Observation of this child will be continued at monthly intervals for six months—detailed weekly reports are stopped after two fully dry weeks. This boy has not had a relapse in two months.

CHAPTER VI

HABITS OF PLAY

WHY do children play? This is one of the most intriguing questions of child psychology, nor is it confined to the human species. Workers in the fields of biology and of comparative psychology have studied the play of animals, thereby to find some clew to an understanding of the same tendencies in the human young.

Theories of Play.

Herbert Spencer, one of the earliest writers on this subject, claimed that play is the expenditure of surplus energy not yet absorbed into the directive activities of life. This still remains the most adequate explanation yet offered of the early phases of the play impulse. The kitten chasing its tail, the child jumping up and down in the sun on a spring morning, are active because of the pleasure that such activity brings with no thought of anything beyond the ebullient delight of the moment. While this theory may fit the early forms of the play impulse, it does not cover so well the more highly organized forms. For the latter other theories have been advanced.

Karl Groos, writing of the Play of Animals and the Play of Men, advanced the theory that play is more or less literally preparation for adult life. The little girl playing with her dolls to-day is the mother of to-morrow; the lad playing shop is the merchant of the future. That the imitative tendency is present in the play of children is unquestionable, but that there is any underlying adaptive purpose, even unconscious, is hard to accept. Indeed, such purposive behavior as this theory posits would seem to contradict the very nature of play.

Another theory of a yet more speculative character is that propounded by G. Stanley Hall and known as the Recapitulation Theory of Play. This attempts to trace in the play behavior of children certain well-marked developmental stages corresponding to the various periods of racial development—the hunting stage, the fishing stage, the fighting stage, etc. Such a theory, fascinating to some because of its speculative range, is unfortunately foreign to the facts. The individual, of course, develops physically and mentally, but the facts of this process should be studied in their own right rather than by interpretation in the light of racial history. The extension of the latter assumption to play is accordingly gratuitous and unwarranted. At the same time certain atavistic tendencies can be detected in the play of children, and, provided the theory is not pressed too hard, one can recognize in children's play a certain inclination towards primitive forms of activity. Witness, for instance, the delight children find in playing in some shelter—be it cave, tree-house, or packing-box. Or, again, their alarming passion for experimenting with fire. Deep-rooted tendencies are evidently finding expression here, the age-old search for warmth, shelter and safety.

Other theories have been put forward from time to time —play as recreation, that is, relaxation from work tensions; play as an expression of the impulse to activity, etc. Lehman and Witty give a summary and critique of such views in their book, *The Psychology of Play Activities.* The difficulty met hitherto in advancing a satisfactory theory of play leads one to suspect that we are here dealing with an impulse so basic that it eludes precise analysis and definition. It seems that the best we can say is that we play because it is our nature so to do. That is, coming back to our concept of the fundamental appetites, play is an expression of the desire for change, for activity, which we have posited as one of the basic needs of the organism. Work, also, would have to be recognized as another form of the same impulse. Although at present our concern is with the play impulse, it will be helpful to discuss the contrast between work and play before going on to consider in detail the significance of the child's play experience.

Work and Play.

What is the difference between work and play? Work may be defined as activity towards an end, the process being socially evaluated and in considerable measure regulated from without. Play, on the other hand, is activity which comprises its own end, being evaluated and regulated chiefly from within. Pleasure and satisfaction may attach to either type of activity, but because of the larger measure of freedom for the individual it is usually easier for him to achieve satisfaction in play. This brings to light one of the great problems of life for which childhood is truly a preparation. How is the individual to learn to adjust with equanimity to situations that are controlled for him, as he does to those which he controls for himself? In the case of the adult one thinks at once of his attitude towards his work as distinct from that towards his recreation. With the young child the same contrast holds. We have insisted heretofore upon the importance of habit-training in the sense of having a definite routine which the child should take for granted, that is, conform to cheerfully and contentedly. To the extent that any such routine is regulated for him from without, it partakes of the nature of work, even though, through habituation and acceptance, he may not be highly conscious of external regulation. We now face the issue that the whole of the child's existence must not be thus regulated for him. He must, if he is to develop properly, also have opportunity to regulate his own activity, that is, to play. Our problem, therefore, is how to harmonize and keep in balance for the child these two major directions for the control of his activity, that he may learn to achieve in work and play the greatest happiness that life may offer.

In either work or play, the end in view, as soon as it is accepted by the personality, may move him as with compulsive power. We identify ourselves with an objective and feel a compelling desire to realize visibly what we have so far only conceived. This inner idea of "must" can indeed be as imperative as the most rigorous control from without. In children this may appear as a certain intensity and concentration upon some chosen play activity, without any

attempt on their part to justify or rationalize the compulsion they feel. In later years the intellectual factor will obtrude; thus adults who play games in this spirit will often vouchsafe a reason—"because the exercise is good for one." They rationalize their desires, or may even set up an idea of "duty" as a regulative principle, thereby turning play into work. Characteristically, play is free from such compulsion, inner or outer; it springs from native activity, and knows no "ought." Play may involve an end, as with the child who constructs a castle instead of aimlessly tumbling his blocks about; but here the end is as unfettered as the manipulation that realizes it, and is, in fact, of a piece with it, being a kind of mental manipulation. In short, play is its own end, and is without any external sanction.

In order to control activity from without, rewards are widely used. The kinds are legion—cash, social recognition or approval, improved professional status, etc. They motivate the individual by appeal directly or indirectly to his desires, hence rewards in some form are the normal concomitants of work. Similarly, unwillingness to work, laziness, lack of ambition, slipshod performance, all call forth derogatory social comment. Work, in the sense of activity regulated towards a socially useful end is so essential to the continuance of society that social pressure is constantly exercised to foster the work attitude in its members.

Play, as we have seen, is the opposite of all this. Springing from the same initial urge to activity, it yet finds its characteristic expression in modes of activity which are an end in themselves, which carry with them no suggestion of compulsion, being dictated purely by the desires of the individual. Pleasurable play activities are not so much regulated by social pressure as they are augmented by the shared pleasures of social participation.

We shall accept, therefore, that we play for the fun of playing, and as soon as the idea of any end extraneous to the play itself is introduced, the play is professionalized, that is, it becomes work. Similarly, unless freedom is the keynote of play, the activity belies its name. Compel a child to jump up and down three hundred times and she would fall exhausted at your feet long before the ordeal was over.

Give her a skipping-rope and she can hardly be withheld from still more prolonged performance.

Social pressure is not needed to make us play, although it may be required to make us stop playing and bring us back to the business of work. The social factor in play, as we shall see later, is introduced in its more complex forms when social sharing in enterprises is added to the child's first experiments with the manipulation of materials. Such social participation involves certain well-marked types of discipline, but it is discipline from within, originating among those participating in the game or activity, rather than compulsion from without. In distinction from the meager opportunities afforded to the solitary or "only" child, it is this that gives to social play its unique value in the life of the child; it anticipates and fosters through the group the type of control which it is our aim to develop in the life of the individual. "Playing the game" thus describes a literal transfer from the play situation to the larger issues of life.

Although for purposes of comparison work and play have been set in sharp antithesis to one another, it by no means follows that this cleavage is clearly defined in all phases of experience. The young child may not consciously distinguish work and play in some of his activities, and from the adult point of view his play often looks like work, at least in regard to the energy and concentration we commonly associate with the work attitude. The child who builds blocks into a complicated "boat" is undoubtedly working towards an end; but that there is no compulsion in such activity is evidenced by the readiness with which he destroys his creation, finding in knocking down the structure as much delight as he had in building it. There is also in the child's play no element of external constraint except in the sense of his conformity to the laws of nature, gravitation, etc. So soon as other constraint, particularly social constraint, is introduced, even by the well-meant suggestions of an adult, the play impulse vanishes. It is therefore clear that the child's play, while it may show certain elements of admixture, never completely assumes the characteristics of the work attitude.

What of the activity of adults? Here certain mergings of

the two motives can be detected. The man who begins by working for some end extraneous to the work itself—promotion, professional distinction, the building up of a new industry, etc., may end by working merely for the work's sake. The common example is that of the business man who, having spent the best years of his life in making money, finds that when he has more money than he knows what to do with, there is no interest so absorbing as to keep on "for the fun of it." To attain to the play attitude in regard to one's work is commonly accepted as a counsel of perfection in the pursuit of success in any enterprise.

On the other hand, play may assume certain work aspects when ends other than the enjoyment of the play itself are introduced, such as proficiency or "form" in a game. Social motives may enter in to the extent that a man feels that he fortifies his position with his business associates by the kind of golf he plays; similarly a woman may come to depend on a good game of bridge as a social asset. But here again, if play is determined by an extraneous motive instead of by the spontaneous interest of the performance, the attitude has subtly changed and taken on the complexion of work.

Play and the Routine.

If, then, throughout life there is a fairly well-marked rhythm of work and play, we should be able to distinguish these characteristic phases in the behavior of the individual at different stages of development. If we turn to the pre-school period it is evident that there is such a broad distinction. In preceding chapters we have had much to say of the routine of training which was believed to be of advantage for the young child. If one scrutinizes this phase of the child's life, it will be seen that it fulfills the conditions that we have postulated of work. It is not an end in itself, but a means to some end extraneous to the activity; it carries with it certain compulsive elements and it is largely enforced from without. Over against the part of the child's day which is devoted to washing and dressing, the needs of the toilet, eating and sleeping, set the part which is spent in play, and the contrast in amount is striking. Strictly, the young

child is not as free to play as we vaguely assume; one responsibility of the adult is to arrange that there be liberal periods when the child shall be relatively free from adult regulation.

The conscious antithesis between work and play is a common and not undesirable experience. In the mind of the school child this antithesis is already clear. The work phase is represented by his work in school and by chores at home; he is keenly conscious as a rule of the compulsive nature of these tasks, and play is definitely an escape from these. Play represents for him a wider range and variety of activity than does work. The child thus identifies himself mainly with the play part of his experience. In adult life the same distinction remains, but with the emphasis in the opposite direction, the tendency at this stage being to identify the personality with work interests rather than with play. Our point is not that one emphasis is superior to the other, but rather that the distinction of them and alternation between them is essential at all stages. To preserve the distinction between work as the major business of life, and play as the relaxation that makes the other possible, and to maintain the balance through ability to shift readily from work to play, is one of the first conditions of mental health. Sharp contrasts in mental attitudes are often regarded as undesirable—a kind of dissociation, but as a matter of fact, ability to swing from one group of activities, with their characteristic mental set, to a completely different lot, is often the salvation of the man who works under high pressure. Nowhere, by the way, has this principle more pertinent application than in the experience of the housewife and mother of young children who, in a sense, is on her job for twenty-four hours a day. The improvement in mental outlook and emotional control that results when a harassed housewife can be induced to take a holiday or to cultivate some new interest in a true spirit of play, is often spectacular. Young children have the facility for changing readily between work and play, and their early training should aim to preserve this capacity as a matter of habit.

From this point of view it seems best to keep the distinction well marked in our own minds and the child's, to

treat a prescribed routine in as businesslike a fashion as possible, to motivate the child to carry it through with dispatch, accepting adult suggestion and direction throughout the various stages. Parents sometimes try to make the routine attractive by turning it into play, making a game of dressing, telling stories to beguile the meal, and so on. Such motivation is seldom successful after the novelty has worn off, it distracts attention from the business in hand and thereby defeats one's purpose. The better motivation is to make clear by precept and example that dispatch with the business of routine means freedom for play. This policy is accepted as basic in nursery-school work, and the wisdom and success of it are there abundantly apparent. When a child, for example, is called from the playroom to wash for dinner, his comment on coming back often is, "See how quick I was," the inference being that the promptness was in order to secure a longer time for uninterrupted play.

Regulation of Play.

If play, therefore, is to be viewed as relief and escape from prescribed routine—and such escape is surely necessary if the young child is not to be regimented to death in the round of necessary habits—does this therefore mean that play requires no regulation? Yes and no. Regulation in some form is always required. The playing child who constantly appeals to adults with, "What shall I do now?" is a demonstration of the folly of that type of regulation which cultivates dependence and shows the need of a more constructive and enlightened type which will encourage the child to direct his own activities. Again, any mother who has brought together a group of young children, expecting them to play spontaneously, has been bewildered by the failure of the chemical elements to combine! Even social play does not just happen. What, then, is needed?

The function of the adult in regard to play is of two kinds —one negative, the other positive. Positively, the right environment for play must be provided. This involves both physical and social conditions: on the physical side, adequate play equipment, that is, a place to play indoors and out, and

material to play with; on the social side, companionship of the proper sort. Nursery schools have already supplied us with certain general rules in regard both to physical and social environment, even though much still remains to be done in the way of observation and research to work out the niceties of such adjustments. On the negative side the function of the adult is to supervise play, that is, to anticipate danger situations, to regulate the care of play materials, and in social play to intervene in the interests of fair play when necessary. A minimum of interference is, however, desirable. The discipline of social play should come, not from adult intervention but from the give and take within a group of children.

Such being in general the type of regulation which is desirable, we shall discuss, first, what provision is adequate for the physical environment, and, secondly, the regulative forces that operate within the social environment.

The Playroom.

The first pre-requisite of good play habits is a proper place to play. After the first two or three months of life the child should have a room of his own, which is adapted to his changing needs as he grows older. If a room solely for play is not possible, the room in which the child sleeps may be used. Its furnishings should be simple, but all chosen for one purpose, the comfort and pleasure of the child. The floor should be covered with cork carpet if possible, as this is both warm, soft, quiet, and easily kept clean. Such provision is important from the moment when the child is first able to sit and crawl on the floor. The furniture should be such that the child can neither hurt it nor be hurt by it. As he grows older a row of low open shelves, of easy access to the child, should be built along one end of the room. If this is not feasible, one or two bushel baskets, attractively painted in bright colors, may serve as receptacles for toys. Habits of tidiness cannot be inculcated unless some proper place is provided for play materials when not in use. A low seat on which the child may sit or lie is a suitable addition, especially attractive if it has shelves adjoining where the

child's first books may be kept. A low table and shelves will complete the furnishings. All this can be accommodated even in a small room which must also serve as the child's bedroom, and can be done at moderate cost. It is more important to provide furniture *within the child's reach* than to have expensive suites or elaborate decoration. A room can be made both attractive and convenient through the expenditure of labor rather than a large sum of money. One special feature of a non-utilitarian sort may be worth while. Those of us who recall the strong impressions made on us by some picture which we were familiar with in childhood, will recognize that to provide one or two good pictures for the child's room may exert an influence on the child's taste and interests out of all proportion to the actual cost.

The influence that a room of his own, to which he has early become accustomed, can exert on the development of a child, has hardly been understood. What home means to the adult his own room should mean to the small child, that is, a place of security and friendliness where he is free from the restraints and prohibitions of a larger environment. A striking example of the effect of such a constant and well-adapted environment is illustrated in the incident, at the end of this chapter, of the child of eighteen months who experienced such evident delight at returning after an interval to his own room. In this case the child spent practically all his time in this room, except when taken outdoors or down to the family living-room for occasional short intervals. He had his meals brought up to him there. Instead of feeling cramped by his environment he evidently felt thoroughly at home. So essential is it to let a child feel that there is some place which is his very own, that one physician with a wide practice with children always insists that, if a room cannot be set aside for the child's use, one corner of the kitchen be marked off with a painted line that he may have unquestioned rights of possession within that area.

The child should have the run of his playroom from the time that he can be allowed down on the floor. If care is taken to see that the furniture is such that he cannot hurt himself, and if a gate is put on the doorway so that he can be seen without going into the room, he may be provided

with suitable play materials and left to himself. This allows greater freedom than a pen; the child who has been brought up on a fairly strict routine for the first few months of his life will find this a fascinating extension of his liberty; the older child, if he has always been conditioned to playing in his own room instead of all over the house, will feel at home there, and will be perfectly contented, provided care is taken to keep him supplied with the types of play material appropriate to his age and stage of development.

Play Materials.

The baby should have rattles, soft balls, blocks, and simple stuffed toys. The points to consider are the stoutness of construction and durability of the toy, the ease with which it can be cleaned, and the possibility of the child hurting himself with it in any way. Sharp edges, small parts that can be put in his mouth or ears, should always be avoided.

As he grows older, a larger and more varied array of equipment is in order. This should take the form of materials rather than of manufactured toys. The former are more permanently interesting to the child, and give more scope for constructive activity. A small table cut down and fitted around with a ledge about four inches deep can be used for *sand*. If well equipped with tin dishes such a table is an endless source of interest to a child. If the playroom is covered with cork or linoleum, the sand can always be swept up. *Blocks* offer opportunity for construction. They should not be only the small ones sold in the stores, but large blocks should be provided—the size of bricks or larger. The large ones should be made hollow for ease in carrying. Children do not tire of material of this sort, which lends itself to a great variety of uses with increasing complexity of construction as the child develops.

Children love to draw, and many parents supply blackboards for this. A large blackboard fastened low on the wall is excellent. An easel built to the child's height, large sheets of paper (twelve by eighteen inches, for example), large brushes, and water-color paints are admirable. Care

in the handling of these more complicated materials is an integral part of learning to play.

Locomotor toys are of importance at all ages. Some one has remarked that ball-playing is the most persistent of all human games, but, besides balls, children will want carts, engines, etc., to pull about. These should be solidly built, and wooden rather than iron. They will not break so readily, are more easily repaired, and are less noisy. Later kiddy-cars, scooters, tricycles should be provided, especially for outdoor play—anything that encourages exercise on the child's part. Swings, trapezes, slides, boxes, and ladders for climbing are highly desirable. These can often be put up in the house or on a veranda or outdoors at a very moderate cost.

Children weary of running about and need sitting-down occupations. For this the peg-board, a board about twelve inches square with a pattern of holes into which colored pegs a little larger than matches are set, is excellent. Children in the nursery school always delight in this. Tinker builders are good for somewhat older children—as are jig-saw puzzles, patterned color blocks and, above all, scissors and paper. Picture-books strongly built, with attractive colored pictures, are, of course, always needed.

Parents can do much to help children in making their own toys. Home-made toys are often sturdier than those bought in shops. In our school the children are taught to make toys in their workshop—aeroplanes, wagons, engines, wooden animals, dolls' beds, etc. It is almost unbelievable what a four- or five-year-old can accomplish under instruction. Any father who is clever with tools could direct an enterprise of this sort—the most thrilling that a small child can experience. A three-year-old of either sex may successfully begin such work under adult guidance. From extremely simple toys they can progress to more difficult ones by easy stages. Each piece can be painted after it is built, and then added to the collection in the nursery. This teaches children motor control in the use of tools, gives parent and child a chance to work things out together, and lays the foundation for activities which can be continued almost indefinitely with increasing satisfaction to the child. The degree and quality of adult

guidance will determine the success of such an undertaking. It does not need great technical skill on the part of the adult —an absolutely inexperienced adult can quickly master the rudimentary technique of hammer, plane and saw. It does need patience and an observant attitude to gauge the child's ability and make each task *just* within his power, and willingness to let the child do things for himself and at his own speed instead of doing it more expertly for him.

Mechanical toys (miniature metal vehicles, etc.) should be largely avoided in the pre-school period. Later the various forms of constructive mechanical toys, such as the erector builders, are excellent, but for the young child the ordinary mechanical toy which can do one thing and one only soon palls. In buying toys it is well to remember that whatever winds up is almost sure to break down. On the other hand, small animals, and particularly small cars which can be used as auxiliary furnishing for the larger building enterprises, are a source of great pleasure to the child.

We have tried to suggest a considerable range of play material for the pre-school child. The reason for this is one that parents do not always realize—that is, the exceedingly short time that a child of two or three years of age can normally be expected to attend to a given thing. Parents are often distressed when they find children flitting from one occupation to another. They should know that this is the normal picture for a child of pre-school years, the average number of minutes that he can attend to various play materials being approximately one minute more than the number of years he is old. This circumstance can be met by giving the child an adequate variety of materials from which to choose, so that when he wearies of one thing he can go on to another. Of course, it is highly desirable to overcome distraction in the child, but this can seldom be done effectively by direct suggestion, still less by reproof and blame. The most effective measure is to supply ample play material along the lines that we have suggested, and then to leave the child to make his own choices undisturbed by adult attention and help. Occasionally it will be found that the child's interest will be arrested so that he will continue over a much longer period at some one occupation. In this

fashion the characteristic attention form of the adult begins to emerge, with the interjection of these occasional long periods rather than with the gradual lengthening of all the periods. It is of the greatest importance not to interrupt the child when he is working with absorbed interest on some piece of work. Thom makes the useful suggestion that only a danger situation or the demands of the routine should be allowed to interfere. He points out that the power of concentration thus being exercised in the child is of the greatest value in later life, laying the foundation of good habits of thought and action.

Care of Toys.

What of the ordering of the playroom and its contents? Often the home playroom is a veritable chaos, and its tidying a cause of recurring strife between parent and child. Part of the training we wish to see established is in habits of order in regard to play. Few rules need to be made, but those which are made should be observed. This is one of the few places where it is both legitimate and necessary for the adult to enter into the play situation. If proper cupboards easily accessible to the child have been provided, he should be taught to keep his toys in definite places and to return them there when he has done with them. In the nursery school this is accomplished with little difficulty; the new child may demur at first, but soon becomes amenable to the custom of the group. This habitual response is less easy to obtain at home, where there is not the same group suggestion and where an adult is not always present to supervise the play. Yet by the right attitude we can encourage children to take care of their toys, and also to form the habit of putting a given toy away when it is no longer in use. By avoiding nagging and scolding, by helping the child judiciously, above all by assuming his willingness to cooperate, the result can generally be accomplished. Pitched battles in such situations are generally a sign of faulty management. If, however, the child refuses to put a toy away, or uses it destructively when he has been told how to handle it, simply remove the toy without a fuss and keep it until

the child has demonstrated his willingness to use his property rightly.

Outdoor Play.

Outdoor play should occupy a large part of the child's time. As a baby he should be put outside to sleep during the daytime, and also to play out in a pen whenever the weather is favorable. In the pre-school period he should be given the run of an enclosed space and encouraged to play out of doors as much as possible. An investigation conducted in our parent education groups revealed the fact that many children under the age of seven get far too little outdoor play. It is often difficult to get children to play alone. Special equipment, an enclosed yard, and furthermore, a deaf ear to protests, may be necessary to accomplish this. In cases under the direction of our consultation clinic it has sometimes proved necessary for a mother to persist in such a policy over a period of several weeks before the child came to realize that he must content himself alone. The importance of such discipline will be discussed later, it is mentioned here to point out that when mothers say that it is impossible to get children to play out alone, this merely means that they have not provided the right materials for the child to play with, or that they have not been sufficiently firm and persistent in their discipline.

In addition to the locomotor toys described above, special outdoor equipment, such as a sand-pile or table, a swing, a slide, see-saw, etc., should be supplied. The same rule about sufficient variety that we discussed in relation to indoor toys applies here. The outdoor equipment should provide ample opportunity for exercise of a more vigorous sort than indoor play affords. A "jungle gym" or its home-made equivalent of bars for climbing, trapezes for swinging, and packing-boxes to climb on, are all admirable. The packing-boxes provide opportunity for imaginative play, keeping house, etc., as well as being excellent for motor control. Dr. Wellman's investigations in motor control, carried out at the Child Welfare Research Station at the University of Iowa, have shown conclusively the improved motor develop-

ment of children who had access to such varied types of apparatus in a suitable play environment.

Parents are often reluctant to let children play out unless the weather is perfect. In cold weather special clothing should be designed for play. Play-suits of corduroy lined with wool eiderdown, made either on a "sleeper" pattern or on a two-piece model, are highly desirable. Zipper fasteners on the front and legs aid greatly. Waterproof materials may be used for the outside, but are apt to be stiff and clumsy, and corduroy of a good quality seems to answer admirably. This is much better than the usual woollies, which soak up water like a sponge. The outer footwear should be large and not cramp the feet. On rainy days children should be dressed warmly underneath if it is chilly, have slickers put on outside, and be kept out as much as possible. Play in the open, exposure to "sky-shine," is highly desirable from a health point of view, but fresh air in a sun-room or balcony is better than merely indoor play. Accustom the child from infancy to spend a large part of his working day out of doors and he will continue to accept this as the thing to do.

Social Environment.

As regards the social factors in play, we have already said that the function of the adult is largely negative, and therefore the more difficult to accomplish. Negative regulation does not mean neglect, but rather that restraint which will keep one from interfering unwisely with the child. From this point of view the process of training pertains to the adult as much as to the child.

The foundations of social training are laid in infancy. Although the child's capacity for response at this period is slight, proper conditioning is of the greatest importance. Beyond the obvious fact of bodily comfort, warmth, avoidance of glaring light, loud noises, the physical environment would seem to matter little to the child. His powers of manipulation are *nil,* he moves his arms and legs in an aimless fashion; his "play" may be restricted to striking more or less by accident a bell or rattle slung across his cot. His

social responses likewise are of a rudimentary character, associated first of all with the search for his mother's breasts. Developing in relation to the functions of nutrition, the incipient social responses are to the mother or nurse; the baby's first smile before two months is an indication that he is beginning to show some stirrings of awareness to his social environment.

It is just at this point that difficulties are likely to begin. Slow as the baby may be in other ways, he learns with amazing readiness how to control those around him. If his first protests bring a response, if he is taken up and hushed when he cries, he will soon know how to dominate the household. He will know within a few weeks how to coerce the household with a cry. The mother must learn from the beginning to attend to the legitimate needs of the child by following a schedule, and then leave him alone when he cries or is fretful. He will soon learn that crying is not a profitable business, and will turn to occupy himself in some more advantageous way. Similarly in regard to playing with the baby. The temptation always is to supply more social stimulation than is desirable for a child at this age. Parents who are careful of their routine in other respects often feel that when a child is awake he should be taken up, amused, carried round the house and played with. This is a mistake, as it creates in the child the expectation of such amusement on every occasion. It makes him dependent to an unnecessary degree on the attention of adults, and also allows him to domineer over them. It is much better that from the beginning he should learn to lie awake in his cot without fretting.

There should, however, be certain periods during the day when the baby is taken up and allowed to play. In the morning before his bath he should be stripped and allowed to kick and roll at will. This is good exercise as well as good fun. In the late afternoon he may be taken up and played with for a short period; this is the best time for gradual introduction into the family circle. Over-stimulation through too much social contact, especially with strangers, should be sedulously avoided. It will upset the child's routine and will encourage a precocious type of social

response which may interfere later with a normal social adjustment.

As the child grows older and can be allowed the freedom of the playroom, he should be put down on the floor there during his play periods *and left to his own resources.* The advantages of such a procedure are so obvious that one wonders why it is so seldom adopted. The busy mother has no longer to work with an active baby at her feet, nor does she have to be in constant attendance to keep him from getting into mischief. For the child the advantages are even greater. If his early training has been of the sort already indicated, he will find the freedom of the playroom a thrilling extension of his liberty. He will have the range of his room to explore and a variety of suitable playthings to manipulate. As long as he has not been conditioned to constant adult attention he will not look for it. He will be *learning to amuse himself,* an ability which is of the greatest value not only in childhood but in later life.

Solitary Play.

This aspect of play needs emphasis, as it tends to be overlooked at the present time when the nursery school is demonstrating so convincingly the value of group play. The latter belongs to a later period; meanwhile, up to two years of age, the training ought to be directed mainly to establishing good habits of solitary play. Children at this age, while they react to adults, do not as a rule play with other children. It is normal for them to be engrossed with their immediate environment.

Cultivation of the ability to play alone lays the foundation of self-reliance in later life. We are all familiar with the child who can never amuse himself, who must always have the companionship of an adult to preserve him from boredom. Likewise we all know adults whose worst punishment is to be left to their own society, people who will not willingly walk alone, eat alone, go to a concert alone; who are dependent on the society of others, not so much because of any urge to communicate with them as that they dread the resulting vacuity when they are left to themselves. The

greatest resource any of us can have is the ability to get on with ourselves. To cultivate this capacity in the child, at least to some degree, is therefore of value.

Children who have been trained in such a régime show an independence that is in marked contrast to the attitude of the child who has always been surrounded by solicitous adults. A nursery school affords interesting comparisons in this respect. A child who had been taught to play by herself came to the school at two years of age. She adjusted readily, did things for herself, busied herself with her own concerns, at the same time maintaining a friendly though largely indifferent attitude to the other children. Another child, who had had an unusual amount of adult attention and oversight, came in at a somewhat later age. He was at first timid, afraid to touch things without permission, unable to do for himself; later, when he found that many liberties were allowed to which he was not accustomed, he became boisterous and unruly. In the first case a type of inner control had been built up which carried over to a new situation; in the other, outer regulation when removed left the child helpless to regulate his own behavior in unfamiliar surroundings. Solitary play should continue to coexist with and to supplement group play at all stages of development.

If a young child at home has grown too dependent on the society of adults, it is worth while making a determined effort to break this dependence by leaving the child to play alone at certain times. This applies both to indoor and outdoor play. It does not, of course, refer to the companionship of other children in the family; as has been pointed out, children under two years are little affected by the presence of other children. Putting the child by himself may provoke emotional outbursts, sometimes prolonged and violent. We have records of children who have cried for hours over a space of several weeks on being put out in the yard to play alone. If the mother can restrain herself, such storms always pass, and in the end she will accomplish her purpose. Again one must repeat that such a discipline always presupposes abundant play material, so that the child is not left without resources in his solitude.

In emphasizing the importance of habits of solitary play

it must not be construed that the child is to have no share in the company of his parents and siblings. The latter he always gets, the former he will not get unless the parent incorporates it in her plan of training for the child.

Pre-School Play.

When the child reaches the age of two years a much greater range of play experience awaits him. Increasing skill in the coördination of bodily movements makes it possible for him to indulge in a greater variety of activity than when he was creeping on the floor or taking his first uncertain steps around his room. Also he is ready for much more extended social contacts. If in early childhood solitary play is predominant, social adjustments now assume first importance. This change in emphasis is in accord with the normal developmental process, the child now finding in social contacts with other children his most stimulating interest. If the transition from solitary to social play is not made at the appropriate time, if the older child prefers to play alone even when given ample opportunities for companionship, this must be regarded as an arrest of development symptomatic of poor personality adjustment. On the other hand, the child who is dependent entirely on the companionship of others, who is unhappy and without resources when alone, presents also a significant problem. Just how much social contact is normal at any given age, and how wide a range should be allowed for on the ground of individual differences in children in this regard, is a matter for study. Lehman and Witty, in their *Psychology of Play Activities,* discuss in a suggestive way what they have named the Index of Social Participation. This conception should be investigated and elaborated by further studies.

The early family life of the child must be taken into account in estimating his stage of social adjustment. His relations to adults, or to considerably older children within the family, will largely determine whether he is retarded or advanced in his social development. He may have been "babied," kept back in his progress, by the desire of his parents to keep their child little for ever; on the other hand,

he may have been forced to a form of behavior beyond his years by reason of constant association with adults and the desire to behave on their plane. This is apt to be true of the only child, who is often denied an adequate degree of companionship with other children. It is sometimes thought by its critics that the nursery school provides too stimulating an environment for children. As a matter of fact, being planned deliberately to meet the needs of the child, a well-managed nursery school seldom has this effect. It may actually serve as a corrective of over-stimulation. Often the seemingly precocious child is not the child who has been brought up in association with children of his own age, but rather the child who has been dependent on adults for companionship, so that in certain respects he has been forced to a premature mental and social growth. Such a child brought into a nursery school often comes to show a most wholesome slowing-down of unduly accelerated traits. He adjusts to the standards of his child companions, and the strain and stress introduced by the adult situation is dispersed.

This must not be taken to imply that the social training of family life can ever be adequately replaced by any substitute. Undue emphasis in any one direction can often be corrected by some outside influence, such as a nursery or play school, but it is chiefly within the home that the preschool child learns to get along with adults and with children of differing ages. Relations with those inferior and superior to him in age, capacity and authority are as significant as the discipline of association with his peers.

To supply the latter type of discipline is a function distinctive of the nursery school. For the child, as for the adult, to find his level in a group of those who are presumably on an equality with him is a searching experience. Children are as a rule keenly susceptible to group opinion, but if they are not at first amenable, social ostracism, inflicted not by any suggestion of adults but on the impulse of the group itself, will quickly bring them to heel. The nursery school allows adjustment of this sort to take place at a much earlier age than used to be thought possible; indeed, it seems to have shown that once the capacity for social experience has developed, children adjust easier at an early

rather than at a later age. Other things being equal, the two-year-old, even while he shows little direct response to social stimulation, fits in with a group of children with less friction and upset than does an older child.

Age Levels of Social Adjustment.

Age levels of social adjustment are readily discernible in a nursery school. The two-year-old, though solitary in play, shows by his imitative behavior that he is influenced by the older children. The three-year-olds, in contrast, play together, building houses, riding on the see-saw, riding one another in wagons, swinging one another, etc. They exhibit at least a rudimentary sort of team play, with some differentiation of function. Coöperation is the key-word to describe their play. With the four-year-olds still more marked distinctions appear, definite leadership trends develop, and fairly large and permanent groups form, usually with one older child directing and dominating the activities of several younger ones. The boy who directs the building of a boat or house, keeping a group of subordinates united at the task for a good part of the play period, or the older girl who wants to "mother" the little children, are cases in point. The beginning of those trends which later find their characteristic expression in "games" can be traced in this period.

While the teachers in a nursery school remain in the background and interfere with the activities of the children as little as possible, there are occasions when it is necessary to interfere to protect the weak against the strong, and to secure a fair sharing of toys. To know when to interfere and when to leave children to fight things out, comes only with experience in either parent or teacher. Resistance to social pressure may mark a phase of development in a child, and to interfere may rob the child of real achievement. Knowledge of the stage of development of each individual child must be one's guide in matters of intervention.

Coöperation, the willingness to take turns with toys, the educative values of imitative play, can hardly be secured except through group play. Again, certain activities, such

as games, dancing, music and rhythms, are possible only for children in a group. Where nursery-school facilities are available, such social opportunities for children are provided in the most adequate way. Where this is not the case, various substitutes may be devised. Children can be taken to dancing or swimming classes, to group music classes. Perhaps even more important is the formation of small play schools for children under school age. This can often be done through the coöperation of a group of mothers in a neighborhood. Better equipment can thus be provided than it is possible to own singly, and the advantages of group play are secured. Such play schools may be carried on indoors or out, generally the latter. Their success will depend on the type of supervision provided. If inexperienced nursemaids are put in charge, wrong methods of discipline are likely to be used. It is much better, if a trained worker cannot be secured, that the mothers themselves do the supervising, and even so the scheme must be under the direction of *one* mother with experience not only in dealing with children, but in guiding other mothers to undertake such work of supervision.

Our insistence on the importance of early social experience, both in situations of age equality and of inequality, will not seem overdone when one recognizes that basic personality traits are being developed in these first encounters with one's fellows. Mr. Frank, in a suggestive article on The Management of Tensions,* points out that gratification of the basic physical needs—food, possessions, sex satisfactions, etc.—are dependent largely on the skill which persons develop in approaching those from whom they wish to obtain some coveted gratification. Early success or failure in such encounters largely determines character trends in adult personality. Burnham discusses the same question from a somewhat different angle in his chapter on Success and Failure in his book, *The Normal Mind.* Both agree as to the prognostic significance of early attempts at social satisfactions and as to the importance of controlling the situation so that

* Frank, Lawrence K., "The Management of Tensions," *American Journal of Sociology,* March, 1928.

the child's first attempts at social adjustment meet with a fair measure of success.

Values of Play.

In conclusion, the values inherent in play may be briefly reviewed. In addition to the basic value of offering relief from work tensions, of escape to freedom after the constraints of routine, we may mention on the physical side the marked development in motor control which has been shown to result when children are placed in a favorable play environment, and the skill in constructive planning and manipulation that proper play materials stimulate. Solitary play cultivates self-reliance, concentration, and lays the foundation for a resourceful use of leisure by the adult. Social play, on the other hand, teaches coöperation, ability to get on with others in the give and take of daily life. These two types of play are both necessary for the development of the child, and one should never be secured at the expense of the other. Finally, play represents the ground from which all cultural life grows. The regulation of the appetites is important for health, and that we may be set free for those higher values which actually inhere in play. Happy the child whose play affords an early introduction to music, to art, to handicrafts, and to literature. The degree to which this happens will depend largely on the environment and opportunity which the parent supplies. To provide the right environment and leave the child a large measure of freedom in its use is the part of wisdom.

OUTLINE VI

HABITS OF PLAY

I. The Nature of Play:
  Theories of play—
    surplus energy;
    anticipation of adult life;
    recapitulation;
    relaxation.
  Play as an appetite.

II. Work and Play:
  Work: The work attitude involves—
      activity directed to an end;
      social evaluation;
      subjective elements of compulsion.
    The child's routine represents the work attitude—
      regulation of appetites other than play;
      adult control.
  Play: Play involves—
      activity for its own sake;
      social interactions;
      sense of freedom.
    Freedom provides—
      relief from the compulsion of the routine;
      self-direction.

III. The Play Setting:
  Physical environment—
    playroom and playground;
    play equipment.
  Social environment—
    adult regulation, negative;
    solitary play;
    social play—
      imitative;
      coöperative;
      organized.

IV. Values of Play:
- Solitary play—
  - self-reliance;
  - concentration;
  - training for leisure.
- Social play—
  - coöperation;
  - sharing;
  - social ostracism.
- Basis of cultural values.

V. References:
- Lehman and Witty, *Psychology of Play Activities*, chapter ii.
- Thom, *Everyday Problems of the Everyday Child*, chapter xx.

VI. Questions:
1. What type of toys do your children play with most persistently?
2. In what ways have you found it possible to teach children social control through play?

ILLUSTRATIONS—VI

HABITS OF PLAY

I. *Value of a Playroom.* An incident reported by a group member.

"While his nursery was being redecorated, which took about a week, K.'s bed was moved into the study; his table and chair where he has his meals was moved into the hall for a few days, and then into the study. The study is a room of similar size to the nursery, but has a northern outlook instead of southern, and was very much crowded with this additional furniture.

"His usual morning practice is to play with toys sitting up in bed from seven till about eight o'clock, have breakfast, use the nursery chair (kept in his own room), and then to sit in bed playing with toys until dressed at from 8.30 to 9 o'clock.

"On being put into the study to sleep, he wakened earlier, there being no dark blinds as in the nursery, and fretted a great deal instead of settling down to play as usual. Breakfast was served earlier, but even after breakfast he was not contented until dressed and outdoors to play. He did not cry all the time, but complained loudly a great deal. In fact the whole routine was more difficult as he protested when taken to the chair and when placed at the table for meals. The only time he seemed as happy as usual was when outdoors in his pen.

"The day he was taken back into his own room, with the furniture arranged in its usual place, he showed marked pleasure, noticing the pictures on the wallpaper and saying 'Gaw,' which always signifies approval. The next morning he played quite contentedly in bed until breakfast time and again until nine o'clock, when he was dressed and put outdoors. When he stands up in bed in the nursery he can look out of the window and the room is bright and pleasant. The first morning after being put back he was found patting the pictures on the wall, saying 'Gaw.'

"He has been much more happy and cheerful since going back to his own room, but this change is particularly noticeable in the mornings during his play in bed."

II. *Summary of Time Devoted to Play.*

The following table was prepared from data furnished by parent-education groups, a three-day record of each child's day being kept. By examination one can see (1) the total play time of children of different ages; (2) the amount of time spent in indoor and outdoor play. At the nursery school children are out from nine till eleven in the morning, and presumably in the afternoon after three, the hour at which they leave the school. It will be seen that their outdoor morning play is somewhat longer than that of children of the same age in a home environment.

TABLE ILLUSTRATING TIME DEVOTED TO PLAY

		Morning			
Year age	No. of cases	Aver. indoor	Individual range	Aver. outdoor	Individual range
		H. M.	hrs. & mins.	H. M.	hrs. & min.
1	7	1.57	.40 to 3.20	1.05	.33 to 1.43
2	9	2.41	1.27 to 4.03	.51	.00 to 1.48
3	20	2.00	.20 to 3.38	1.26	.20 to 2.52
4	14	1.31	.33 to 2.27	1.29	.25 to 3.10
5	5	.22	.00 to 1.10	1.34	.00 to 3.15

Afternoon				After Supper	
Aver. indoor	Individual range	Aver. outdoor	Individual range	Aver.	Individual range
H. M.	hrs. & min.	H. M.	hrs. & min.	min.	hrs. & min.
2.00	1.07 to 3.08	.54	.00 to 2.15	—	— —
2.02	.54 to 3.03	.45	.26 to 1.20	34	.00 to 1.30
1.19	.00 to 2.43	1.03	.27 to 2.02	40	.00 to 1.35
1.26	.10 to 2.40	1.14	.22 to 2.20	37	.10 to 1.02
.47	.00 to 1.50	1.31	.52 to 2.10	48	.35 to 1.00

Total Indoor		Total Outdoor		Daily Aggregate
Aver.	Individual range	Aver.	Individual range	
H. M.	hrs. & min.	H. M.	hrs. & min.	H. M.
3.59	1.47 to 6.20	2.01	.45 to 3.58	6.00
5.17	3.05 to 7.16	1.36	.00 to 3.48	6.53
4.00	.53 to 6.59	2.29	.28 to 4.17	6.29
3.34	2.10 to 5.03	2.49	1.20 to 3.48	6.23
1.58	1.20 to 2.33	3.05	2.00 to 4.25	5.03

III. *Training a Child to Play Alone.*

Mrs. A. "My little girl does not like to play alone. She cried one day, saying that she was cold. I stuck it out for quite a while but finally brought her in. She stopped crying at once. There were no other children out at the time and she was evidently using being cold as an excuse."

Mrs. B. "I have had a similar experience with my little girl who is just three and a half. She has no one to play with except the adults in the house, and I had to spend a great deal of time walking the streets with her. I found this tiresome and decided that she must play in the garden, even though she did not like staying alone. I put her things on and put her out, and she had a happy time making mud-pies. As a rule now she goes willingly, but the other day she objected, so I told her that when her pies were made I would come and taste them. After a while I went out and played that I was eating with her. Then I left her to make another pie. She was perfectly happy, and it was only necessary for me to go out for a few minutes."

IV. *A Problem of Management.*

"I have had difficulty in getting my child of three years to pick up her toys. On one occasion I started half an hour before the meal telling her that it was lunch time and that the toys had better be picked up. It took an hour and a quarter, many tears, a missed meal and a great deal of discomfort to enforce it. That sort of thing might easily have to be gone through again. I was going out to lunch the first time this occurred. The fight began at a quarter to twelve and I had to leave the matter to a nursemaid, who had a younger child to attend to as well. It lasted till one o'clock. It is difficult in a household to give up so much time, and I do not feel that much was accomplished. There are stubborn times still when she refuses to pick the toys up.

"On another occasion I tried to make a game of it from the start, saying, 'I will pick up the toys in this corner and you pick up those in the other corner.' She did not cry, simply retired to a corner and played with her things, ignoring all our remarks. Nothing but violence can break through that attitude."

This incident suggests wrong methods of discipline which had already developed a pronounced negativism in the child, of

which this particular play situation was doubtless only one example. The case called for less insistence on the mother's part, as little interference as possible with the child, and then a quiet and firm manner when it was necessary to intervene, neither compulsion nor making a game of it, but readiness to help the child and the assumption that, of course, she would coöperate.

As a matter of fact, the mother reported later that things were going much better, largely because the child was being given more help. Sometimes the mother picked up three-quarters of the toys; as long as the child made some effort to help, this was accepted as enough. On several occasion she had called out, "Mummy, I'm picking up toys," even before being asked to do so.

CASE VI

WILLIAM. Age 15 months. M.A. 16 months. I.Q. 107(?)

Problem as stated by mother:

"If I leave William alone he puts his finger down his throat and vomits. I am afraid that he will rupture himself so I have to stay with him."

History:

Family life:
Father: Early thirties—professional occupation—youngest of three.
Mother: Early thirties—training as teacher—only child.
* Siblings: William is an only child.
Other persons in home: None.
* Home: Apartment—small—no outside playground.
Obstetrical history: Normal.
Developmental history: Normal—excellent physical condition—slightly overweight.
Attitudes: Nothing significant.
Motor: Walked at fourteen months.
Speech: Adequate for age.
* Eating: Average amount—regular hours—still given 10 o'clock feeding—beginning to drink from cup.
Eliminative—Bladder: Occasional wetting in day—wet every morning.
Bowel: Regular routine at nine months.
* Sleeping: Restless—wakes up at night between 10.30 and 7 A.M.—go to him and stroke him till he falls asleep—afternoon nap from 12 to 2.30 P.M.—cries when put to bed.
* Play: Constantly with mother—taken from room to room—tried baby-pen—started to put finger in throat if left in room alone, so moved pen around from room to room.
Sex: No manifestations.
Emotional—Fears: Telephone and door bell—we ignore it.
Anger: No problem except at sleeping time.

* Self-tendencies: Occasional screaming at night.
Vomiting: One month ago when put in pen heard him vomiting, rushed in and found almost his whole hand in mouth—has occurred four and five times a day whenever left alone, and his toys have been thrown out of pen—occurs at no particular time—before or after meals.
Discipline in home: Regular routine—inconstant care of mother—mother slapped hands on these occasions—no result except crying—parents are worried—no disagreement.

Diagnosis:

From the history it can readily be seen that this child is not building up adequate play habits—that the satisfaction of the appetite for change is being satisfied wholly by social contact with the mother—this has been fostered by the small home—no outside playground—the apprehension of the mother on account of possible hernia and the additional companionship occasioned by the treatment of the night-waking intervals.

Recommendations:

Pay as little attention as possible to the potential hernia.

Give up the 10 o'clock feeding—give three ounces of milk at 3 o'clock if child appears hungry.

Put in pen at 9—toilet at 10—take for a walk after 10.45—put in pen after nap at 3.30 and leave there till 5—take for a walk.

If child throws toys out of pen, tie them to the top rail—give articles that make a noise and are large enough to be manipulated with a little difficulty, e.g. large spoons, empty talcum-powder tins, large beads on strings, spools on strings, etc.

Do not go in to child at night unless there is a nightmare.

Progress:

First week:

15 March—7 A.M.: In bathroom—playing with toys—accidentally put in mouth—vomited—then tried hand—again vomited—only a little thick curds—not repeated—took no notice.

9 A.M.: Play-pen—alone—I heard him several times—left him alone—soiled dress slightly—cried—then started to play.

11.30 A.M.: Alone in play time—heard him several times—left alone—fell asleep.

5 P.M.: Bathroom—vomiting occurred once—took no notice.

16 March
17 "
18 "
19 "
20 "
21 "
} Has not repeated since.

16-21 March: No repetition of vomiting.

Second week:

Tenants object to the crying, which lasts about three to ten minutes when first placed in pen—have had to leave door open so he can hear me.

Comment:

This concession has to be made to modern living conditions —advised getting somewhere where the boy can be placed outside, if only on a veranda.

Progress Report:

17 May (two months):

No recurrence of "vomiting."

Is playing more contentedly alone—increasing time that mother can be out of sight about her domestic affairs.

CHAPTER VII

SEX-TRAINING

Sex is the latest of the appetites to develop; it is only at puberty that the sex organs become mature and ready for functioning. Sex-training, therefore, assumes a somewhat different complexion from training in the other appetites. In them knowledge and experience go hand in hand, whereas in sex-training knowledge should always outrun experience —or rather, as sex is more than an affair of the individual, as it involves social interaction as none of the other appetites does, one may say that the child is forced to depend on the experience of others to a degree that is neither possible nor desirable with the other appetites. Only on the basis of his own adult experience can he evaluate and revise the attitudes towards sex that were part of his own social inheritance, passing on to his children in turn the generalizations of his own experience to serve for their preliminary guidance. Sex-training is thus largely preparatory and anticipatory in character. This does not mean that it is less important or less in need of thought and care than training in the other appetites; rather the contrary.

While the *appetite* of sex is latent in childhood, *attitudes* to sex are largely determined during this period. Such attitudes usually persist throughout life, influencing not only sex experience itself but radiating to many related parts of experience. Because sex adjustments are determining factors in social and family life, and because children must depend so largely on the attitudes that their elders foster in them in regard to sex, nothing that contributes to the building up of such attitudes can ever be a matter of indifference.

Before considering any specific questions of training, two points should first be considered: First, What is the attitude

in which the young child approaches questions of sex? and secondly, What is and what should be the attitude of parents to their children's questions?

The Child's Attitude.

The attitude of the normal, healthy child is a simple one, although it has often been misconstrued and misinterpreted by adults. Sex is a patent fact of everyday observation and awakens the natural curiosity of the young child just as the other phenomena which he sees around him. The differences between men and women, the advent of babies, sex behavior in domestic animals, these and like events challenge the child's interest just as do any other unexplained occurrences. "Where do babies come from?" is for him just as natural a question as, "Where does rain come from?" "From Heaven," is the parent's feeble answer to both. It is curious to reflect on the different emotional attitudes awakened in adults to two questions which have the same face value for the child. It should be emphasized that for the young child—the child from three to six years of age—such untutored questions have no relation to any sex impulse. They are prompted purely by curiosity, and have a knowledge rather than a behavior significance.

It is only if the child's first natural questions meet with embarrassment or rebuff that the child's interest assumes a new phase, becoming furtive in its workings. Curiosity thwarted is curiosity whetted; the child, instead of being put off, is now likely to be twice as persistent in his inquiries as he was before. Only now he goes farther afield for his information. A casual question may have been turned into a persistent search. Inquiring among his playmates he is almost sure to be given harmful, incorrect and nasty versions of the facts. The idea of sex may now become a focus around which dark hints of other children, half-remembered sights or snatches of conversation, and even obscure, hitherto disregarded sensations of the genital organs, are gathered. Experiments in sex practices with other children may follow. An obsession is thus organized around the subject of sex, not necessarily because of any

fundamental abnormal trend in the child, but because of the damming up of a natural curiosity and interest. Of course, all this may not happen, the child may merely be discouraged, as he is when so many of his questions on other topics are refused an answer, and the subject may be dismissed from his mind. There are, however, too many cases when the other sort of result follows for us to disregard it in the total picture.

Parents often have the idea that they preserve their child's innocence and thereby safeguard him, by refusing any information about sex. They should realize that the choice is not between knowledge and ignorance, but between knowledge such as they choose to give and knowledge gained illicitly in devious ways and from doubtful sources. The only real protection against false and harmful teaching is to anticipate it by telling children ourselves what we wish them to know. Besides satisfying a legitimate curiosity, and averting an unwholesome interest in sex matters, we may prevent early sex practices among children by telling them what they wish to know. Parents sometimes fear that by giving children sex information they may even encourage them to premature sex experiments. Such a danger can always be met by the way the child is taught, and by certain cautions as to the sharing of such information with other children. On the other hand, the child who is told nothing is far more likely to experiment through curiosity than is the child who is protected by judiciously given information.

Suppose that in response to the child's first questions the parent thinks, "He is too young to understand," and tells some of the traditional fairy stories—the stork, the doctor's bag, the rose-bush in the garden. This, we may believe, will do as well as any other explanation to the uncritical mind of the very young child, but as he grows older and learns better he is apt to resent having been fooled. Given other versions by other children he is left in the throes of a sometimes painful conflict, when "My mother says so" is not good enough to withstand the logic of fact. If, on the other hand, the mother had told the child the truth, he would have been armed against any false or distorted stories

that might come to him from without. If we wish to keep the common consciousness with our children of which Kirkpatrick speaks, we must not endanger it by half-truths. "The parent must realize," writes Norah March in *Towards Racial Health,* "that if at any point information falls short of what the child's inquiring spirit demands, the child is bound to satisfy his curiosity elsewhere—and a link may be irreparably broken."

What attitude may one expect to find in the child whose first questions have been sympathetically and intelligently answered? The experience of many parents who have conscientiously tried, often at considerable pains to themselves, to tell their children what they want to know, has been to meet a somewhat disappointing lack of interest on the child's part once his initial curiosity has been satisfied. The matter-of-fact fashion in which the child receives and dismisses portentous communications of this sort proves conclusively that sex questions have no special significance for him until special meaning has been suggested by the attitudes of adults and other children. At the same time, even if the immediate response seems slight, this is as it should be. Information on any topic is assimilated by the child slowly and by degrees. The important thing is that if he has been met fairly on the first occasion he will come back to the parent when he wants more help. In this way the parent's access to a vital part of her child's experience is assured.

The Parents' Attitude.

Such being presumably the child's attitude to the whole truth, half-truths and no truth at all, it remains to consider the parents' own attitude, to discover if possible why there is often so powerful an inhibition on the part of most adults to discuss sex with their children. Their approach obviously conditions that of the child in this matter, and is accordingly a factor of great significance in dealing with the situation. Again and again in the discussion of the various appetites we have come back to the parents' attitude as the most important single influence in the conditioning of the child; this

is true to a still more marked degree when we are dealing with sex-training.

Why do we feel this curious reluctance to discuss sex with our children? The question, to the child, is on a par with any other question; to us it is not—and rightly so. The rain is an impersonal agent in our lives, we can discuss its cause without embarrassment. Sex, on the other hand, is the essential drive underlying family life. All our most intense emotional experiences, whether painful or pleasurable, are knit up with it. Ask a question relating to sex and you touch off a whole train of associations, all with a highly emotional cast. First love, courtship and marriage, the having of children, the complex factors of marital adjustment, are all bound up for the parent in the question of sex. What is an intellectual query for the child may be an emotional maelstrom for his parent. One is reminded of a caustic dictum of W. D. Howells' to the effect that no one could write adequately of love; those who had not experienced it knew nothing about it; those who had, knew everything but couldn't tell. Similarly, those who are unhappy in their marital relations find the subject too painful to discuss; they are full of repressions and resistance in regard to sex, and their general tendency is to repudiate the whole subject as nasty. Those who are well-adjusted in marriage may find themselves almost equally unable to convey to a child what he needs from out of the wealth of their emotional experience.

Fortunately words are seldom necessary in conveying fundamental attitudes; they have their place in relation to the lesser functions of fact, as we shall see later. Meanwhile the child is learning, quite unknown to himself and independently of any formal instruction, an attitude to sex based on the relations between the sexes which prevail in his own home. The child who is brought up in the midst of domestic strife and altercation has received a derogatory impression on the subject long before he ever formulates this consciously. Later knowledge will be construed in terms of this fundamental emotional conflict. Similarly, the child who is brought up in a home where the father and mother are well-adjusted and happy does not need to be

told as he grows older the meaning of good sex relations in marriage. He has experienced their benefits in a home atmosphere of serene affection. The most fundamental impression that we can convey to our children is never so much what we consciously do or tell as it is the unconscious reflection of our behavior.

This is somewhat of a digression from the question with which we started, the reasons for the prevailing reluctance of parents to enlighten their children in sex matters. The emotional aura that surrounds the subject of sex being the first reason, the second is closely related to this, namely, the tradition of reticence in which the present generation of parents has grown up. Sex has been regarded, and rightly, as one of the great "mysteries" of life. Our emotions are too closely knit into the subject for us to be casual. But the old tradition surrounded the topic with taboos which made its discussion practically impossible. As always happens when a fundamental interest is repressed, this public attitude was compensated for by covert references, whisperings, jests. To-day this old tradition of reticence is breaking up. If there is a frankness among the younger generation towards sex matters that shocks their elders, one has the impression that there is far less secret and salacious conversation than there was in times past. One can view this change with satisfaction in so far as it means that ignorance is being enlightened, but one may sound a note of caution against going to the other extreme and bandying sex matters about in common conversation. Such caution is necessary for adults as well as for children. A decent and dignified reserve is the attitude to be desired in regard to all the vital experiences of life, and neither familiarity nor avoidance will contribute to that end.

Another reason why we fail to give our children proper instruction in sex matters is that we ourselves do not know how to tell them what they should know. We are ignorant of many of the facts of physiology and hygiene that are relevant to the subject; we are often equally without insight into the nature of this basic drive whose regulation we are attempting. One service that a parent education group can fulfill is to put parents in the way of getting the information

that they themselves need before they can properly instruct their children.

Besides knowing the facts which they wish to convey, parents need to learn how to tell them. Here again the inhibitions of a lifetime may have to be overcome to enable parents to talk simply and frankly, without emotional reaction, about the elementary facts of reproduction and birth. In one of our advanced study groups we have had mothers practice framing in words what they would wish to convey to their children. By listening to one another, but especially by making for themselves the attempt to formulate their ideas on the matter in as concrete a fashion as possible, that is, by actually phrasing what they would say to a child in reply to a given question, their resistance can be broken down and embarrassment relieved. The leader must lead the way in this matter as she is presumably a step ahead of the other members of her group. She generally finds that she herself picks her words with infinite care on the first occasion, but that with practice she can discuss the topic without difficulty and can convey to her group a similar ease, freedom from restraint, and natural matter-of-fact manner. The preparatory value of such group discussion in breaking through inhibitions can hardly be over-estimated.

Presupposing on the part of parents a willingness to give their children such sex instruction as is desirable, a knowledge of the facts which they wish to impart and a sufficient reëducation of their own attitudes to make them ready to impart it, one must now discuss the specific questions—first, of what children wish and need to know; secondly, of the methods by which such information should be given.

The Questions Children Ask.

What questions do children ask, and at what ages do they ask them? Only extended inquiries based upon the experience of parents can throw light on these matters. An enlightening experiment pertaining to sex education has been in progress for some years under the Social Hygiene Council of Minneapolis, and when their findings, embodying

the results of interviews and conferences with thousands of mothers, are available, we may hope to have more adequate answers to these questions. Meanwhile, one would suggest that parents should keep notes of all questions relating to sex that their children ask, the ages at which they ask them, the exact form of the questions, and the substance of the answers given—all as nearly verbatim as possible. Such a record of a first conversation, followed by a second one with the same child after an interval of six months, is given at the end of this chapter. They were written down by the mother immediately following the incident.

As far as we have been able to discover from inquiries in parent education groups, the questions that children first ask about sex are: "Why are little boys different from little girls?" and "Where do babies come from?" These two questions are almost sure to be asked in the pre-school period, often as early as the third year. If they have not been asked by the time the child is five years old, it is probably wise for the mother to make occasion herself to introduce the matter with the child. It is, however, unusual for children not to ask unless they have reason to suspect that their questions will not be encouraged. The parent who boasts that her child has never shown the slightest curiosity or asked any questions about sex, is really advertising her own ignorance of the child's experience and her failure to win her child's confidence.

Such a question should be answered quite briefly and simply, the parent forbearing to elaborate the subject with too great a wealth of detail. "Where do babies come from?" "From the union of two cells, one that grows in the body of the mother, and one that comes from the father and is placed by him in the mother's body." The concept of a cell can be illustrated and explained by the fibers of oranges, by an egg as a magnified cell, etc. The idea does not need to be literally more accurate so long as it conveys an impression to the child which is correct as far as it goes and which will not have to be discarded later. The term "cell" has the advantage of being scientific and still not too difficult to fail to convey some rudimentary idea to the child. "Seed" is sometimes used, but carries to the child's mind certain sug-

gestions in regard to plants which may be misleading or at least more puzzling for him when applied to animal reproduction. The egg cell can be readily explained; the idea of the sperm cell is a little harder, but provided it has been mentioned from the beginning, it can be elaborated later when the child asks further questions in regard to the father's part in reproduction. By introducing the idea of the two cells, one in the body of the mother and the other coming from the father's body, the way is paved for later explanations. The young child is not likely to follow up this point, but is more inclined to ask where the baby grows, how it is cared for, how it gets out of the mother's body, etc. All these questions should be answered in a straightforward and simple way. It is better to be simple and literal rather than to leave the child puzzled and bewildered over some half-told truth. It is always necessary to remind ourselves that biological facts, however embarrassing they may be to us, are simple matters of interest to be accepted without any feeling by the child.

When children ask about their sex organs or those of the opposite sex they should be taught the correct names—vagina, uterus, penis, scrotum, etc. This anticipates the use of private and sometimes objectionable terms, and makes easier the acquisition of later knowledge from texts that deal with sex from a scientific point of view. Parents should accustom themselves to use the right terms. If small children grow up together without over-emphasis on modesty, they will take bodily differences for granted and will not be excited by them. Up to school age there is no reason for segregating children at the bath or toilet—provided always that there is proper adult supervision so that they are not left to their own resources. With older children it is better to make a rule that they go to the toilet alone regardless of sex. In this we are, of course, relying upon the earlier toilet habits which have been carefully built up.

The difference between boys and girls, men and women, should be explained first as one of sex, and, growing out of sex, as of social function. Little girls are built in a certain way so that when they grow up they can be mothers; the mother's breasts are developed so that she may have milk to

feed her babies; the penis is the organ by which the male cell is placed within the body of the female. None of these points needs to be elaborated except to differentiate clearly for the child between his experience and adult experience. Certain things are possible and right for parents that boys and girls are not ready to experience till they grow to be men and women and marry. The facts of sex should always be placed in their social setting, that is, the mother not only bears children, but cares for them and teaches them; the father procreates children, but also shares in their care, provides food and clothing, and, with the mother, is responsible for their well-being until they can go out into the world and start homes of their own.

The question as to the father's part in reproduction is sure to be asked in some form sooner or later, and often in the later pre-school period. Yet this is the one that mothers dread and seem to find hardest to answer, even though they have successfully explained the origin of babies from the point of view of the part that the mother plays. One mother said recently that her twelve-year-old daughter had asked her why some children looked like their fathers, and she had felt herself quite unable to meet this question. The logic of evasion is surely plain—the father is accorded the place of provider for the family, but is here likely to be excluded from any more intimate participation in the life of his children. Mothers should realize how derogatory it is to the function of fatherhood to reduce it to a mere economic cipher. The father is left outside to earn the living while the mother draws her family within the inner circle with herself. That this is not the intention of mothers we will readily admit; it is, however, the only deduction from the attitude they sometimes take in this matter.

A common error in well-meant sex instruction is to ascribe paternity to God. When the child asks about babies we say, "God sends them." This, instead of delivering us, really leads us into fresh difficulties. "Why," the infant logician demands, "does God send babies to people who have more than they want or can care for, while others who desire to have them are left without?" Also, if God sends babies, what is one's explanation when confronted

with an instance of illegitimacy? It is better to keep close to the natural level of explanation throughout rather than to introduce God arbitrarily as the agent in one part of the creative process instead of in the whole. The latter conception is probably too abstract for the young child to grasp, and should not be attempted until he has a greater fund of knowledge and experience than we can assume at this stage.

Methods of Sex Instruction.

So much for *what* the child asks; the *how* of our telling is the next point for consideration.

The little child should learn what he wishes and needs to know from *both mother and father.* It is undesirable that this task should be relegated to one parent alone, or that it should be assumed that the father tells his boys and the mother her girls. The desirable state is that a child should feel free to discuss such questions with both parents, and that he should take it for granted that they are the natural ones to turn to with any problem in which he requires help. It is valuable for him to get the views of two people who, while they have a common objective, yet approach a fundamental problem from different angles. That the parents should be the child's natural confidants is consonant with the point of view that we wish to develop of sex in its first understanding as essentially a family affair. The explanations which the child receives are concerned with the ways in which a family comes into existence, is cared for and built up. The natural sources for such teaching are the joint heads of the family.

If this attitude is cultivated, one difficulty attendant on giving sex instruction may be obviated, that is, the discussion of such topics with other children outside the home. One can explain to a child that other parents will tell their children what they wish them to know, but that sex matters are better not discussed outside the family circle. This may seem to impose an undesirable air of secrecy on the whole subject, and after all, the harm that a child can do by repeating information that is correct is negligible. Yet in the present diversity of practice in regard to sex in-

struction such cautioning seems almost necessary as a means of protection to one's own child. If he ingenuously broadcasts his news about babies he is apt to be told by other children, or perhaps more often by their mothers, that it is wrong or shameful for him to tell such things. Reticence without secrecy would seem to be the desirable objective.

It seems inconceivable that parents should be willing to hand over the sex instruction of their children to an outsider. By so doing they are building up a barrier between the children and themselves, making it a topic not to be broached between them. Yet many parents seem to feel that they have discharged their responsibility if they send their children to a school where a master is reputed to give his pupils sex instruction. They seldom know either what or how he teaches. No one would wish to belittle the important function of the school in the sex education of children; a teacher who is alive to the indications of developing sex consciousness in his pupils can often make a most significant if incidental contribution to the sex-training of older children. This, however, can never take the place of the fundamental instruction in the early stages of the child's life which only the parents could give; it should be supplementary to the home instruction, amplifying from a more impersonal approach what has already been done. Parents must do the spade work, they cannot evade this without doing a grave injustice to their child.

Again, parents sometimes give the child a book on sex to read, and then feel that their duty has been done. This is a poor substitute for the frank discussion between parent and child of the child's first questions. A book written for the child, if carefully prepared, may, however, be a useful ally to the parent's efforts. By the time the child can read he will derive from a book impressions more precise than those which he gains from conversation alone. This is especially the case if the book is well illustrated—indeed, even a young child will find illustrations fascinating and will learn much from them. Karl de Schweinitz's *Growing Up* is a model for use with children. It is clear, simple and explicit in its exposition, and the illustrations are delightful.

The comment of a four-year-old boy who looked through it was: "They show a tiny baby (*in utero*) and a little calf, but why is there no baby horse?" The comparative point of view in respect of reproduction had been at least envisaged in an elementary way by this child.

If a child has been allowed to reach an age approaching puberty without any plan of instruction in regard to sex, the best that the parent can do is probably to give a carefully selected book to be read, telling the child to come and ask any questions after digesting what is contained in the book. This is distinctly a second best, due to neglect of the matter at the proper time.

Care should be taken that any books the child is allowed to read are accurate and free from sentimentality. Simple direct statements of fact are desirable without any glaze of romantic fancy. The child wants essential facts and a fanciful setting will only distract him from his purpose or make his mind a fruitful soil for a noxious crop of half-truths. The fairy-tale atmosphere belongs to the play-life of the child where it is really enjoyed, it is out of place in the realm of plain matters of fact and behavior.

The same rule applies to the manner in which instruction about sex should be given. Parents should be as casual and matter-of-fact in manner, and as plain-spoken in regard to what they have to tell, as the child himself is. The mother should treat questions from the child's point of view; she should avoid any stage setting or emotional suggestions in imparting her information. Above all, she should eschew the "sacred secret" and "beneath mother's heart" tone in her communications.

Wherever possible, sex instruction should be related to some event in the child's life. His questions often are the immediate means of opening the subject, but the expectation of a new baby, the birth of a batch of kittens or a litter of pups, may stimulate the questions in the child or may suggest to the mother the need of giving instruction to anticipate an expected happening. With very young children this information should not be given too far ahead. The child's time is not ours, a month to us seems an eternity to him; therefore, because his expectation will so outrun

the event, it seems better not to tell about an expected baby till the event is imminent.

The parent who has consciously "read up" on the subject, in order to be ready for her child's questions, is apt to tell far too much, particularly if she tries to weave all her newly acquired and but half-digested biological information into the story. She may begin with the lilies of the field, work up through the birds and the fishes, and belatedly arrive at the human species only to find that the child has lost interest. He is too bewildered by the not too lucid wanderings to sort out what he really wants to know. If he has pets and is curious about their sex behavior, his questions should be answered briefly and *often.* This often gives a less personal approach to the matter than to begin with babies and make the talk for him a momentous occasion. If he sees animals in copulation he should be told the meaning of what he sees, the suggestion of anything shameful or disgusting in the spectacle being carefully avoided. Galloway makes the homely and useful suggestion of using a chicken that is being prepared for the table as a demonstration in sex anatomy. If a hen is being cleaned, eggs can often be shown in various stages of maturity. This will help the child to get some inkling of development prior to birth. Wherever possible, the basic pedagogical principle of relating new knowledge to the interest and present capacity of the child should be observed.

While excursions into the wider fields of botany and zoölogy are beyond the capacity of most pre-school-age children, this does not mean that they have not their important place in the later stages of sex instruction. Older children will be keenly interested in the manifestations of sex in plant and animal life, and opportunities should be seized as they arise to give this auxiliary instruction. Nature study, skillfully taught, should convey the evolutionary point of view and reënforce the more explicit and personal sex instruction of the home. Boys and girls in high school often have work in biological science which forms an admirable ground for such a comparative approach. Biological instruction in the secondary schools should be defi-

nitely used to give a general and impersonal background to sex phenomena in the human species.

Indeed, it is of the greatest importance that while the child in the beginning should think of sex as a family matter, the older child as he approaches adulthood should attain the generalized conception of sex as that mechanism which ensures the continuation of all the higher forms of life. This impersonal conception gives balance and perspective to the sex problems of the individual. He comes to view sex not merely as a personal matter but in its social and racial significance.

Abnormalities of Early Sex Behavior.

When we come to consider the sex behavior of young children in contrast to their instruction and the development of attitudes in regard to sex, masturbation appears as the commonest problem of sex behavior with which parents have to deal. It is important for them to realize that masturbation in one form or another is exceedingly common with children, and that it therefore should not be regarded with alarm as a serious sex perversion. This does not mean, however, that it is to be disregarded, rather the causes should be studied in order that treatment may be devised in relation to specific causes.

As with other undesirable habits, the possibility of physical causes must first be investigated through medical examination of the child, before the matter is dealt with purely on a habit-training basis.

Chance is one of the commonest ways for masturbatory practice to begin in young children. The infant happens to finger his genitals, and the pleasurable sensations resulting from this chance occurrence encourage him to repeat the act. In this way the habit is readily built up. Here the effective measure to counteract the tendency is by substitution, giving the baby a toy to hold, or something to do with his hands. Sometimes an ignorant nurse begins the habit by manipulating the sex organs of the child in a misguided attempt at soothing him. It is, of course, the mother's responsibility to guard against such an eventuality by a thorough knowl-

edge of the methods of any person to whom she entrusts the care of her child.

Various environmental factors may lead to masturbation, tight clothing being one of the commonest. Perfect cleanliness of the genitals is always to be emphasized. Care in bathing and toilet habits, and particularly the avoidance of wrong attitudes to the functions of excretion, are therefore important as preventive measures.

Social causes are probably more significant with older children. Conflict within the family, or in the experience of the child, may create a situation so painful that the child tries to find relief, distraction and consolation in such practices. This is another instance of regression, the tendency in a conflict situation to revert to an infantile type of non-adaptive response. Enuresis, for example, frequently brings masturbation in its train. Possibly it arises as a futile attempt at control of urination, but it may also be as a refuge from feelings of inferiority which the enuresis has been allowed to engender. Failure at school, quarrels, any situation in which the child is persistently disparaged and humiliated, may predispose to this retreat upon his own person.

Treatment.

The treatment of masturbation should be largely negative. Avoid calling the child's attention to what he is doing in any marked way, especially avoid scolding or frightening him. Such emphasis only serves to fixate the habit, and in a furtive way. Remove predisposing causes, whether physical or environmental. Above all, see to it that the child is happy, interested, with plenty of scope for his energies, so that his interest is directed outward instead of being turned in on himself. He should have plenty of outdoor play so that he is healthily tired when he is put to bed. A child of school age should not be kept in bed for long periods in the daytime if he fails to sleep and finds the situation irksome. Masturbation in such a case may merely be a relief from boredom. Again, sending the child to bed for any and all misdemeanors may be a fruitful way of courting trouble.

One positive suggestion in this respect is to instruct the child to sleep on his right side, with his hands folded under his cheek. If a boy sleeps on his back, that position may cause a reflex erection, hence the side position. Hands under his face may help to overcome the tendency to handling. Restraint of the hands is apt to introduce emotional complications, setting up definite resistance in the child, who feels thus relieved of all responsibility of control and justifies himself in masturbation when the restraint is removed. It also serves, of course, to focus attention on the act. Restraint as a palliative or temporary measure is more than apt ultimately to aggravate the difficulty.

It is advisable for a mother to keep a diary record of episodes of masturbation, noting each day what the child's behavior was, what measures were taken to control the habit and what resulted. Such records, accurately kept from the time the habit was first noticed, would be of value in a general study of cause and treatment; but in particular they would help the mother to maintain an objective attitude, and to refrain from punishment or unwise social pressure in relation to the child's behavior.

These suggestions apply to the early stages of masturbation with young children. Persistent masturbation in an older child generally indicates a conflict too drastic for the parent to adjust. Such problems call for prompt clinical investigation and guidance.

Sex Inhibitions.

In building up behavior in reference to sex, two extremes may be encountered. On the one hand is the difficulty of too little control; on the other, of too much. Mr. Frank pertinently discusses this in his paper on "The Management of Tensions," pointing out that if parents over-condition children in regard to the feelings and behavior associated with the sex impulse, the children may in consequence be unable, when they reach adult life, to make satisfactory sex adjustments. As sex adjustment seems to underlie many other forms of social behavior, repression of the sex impulse may mean a shutting up of the personality, a general inadequacy

in social contacts. The early conditionings of attitude may thus be prophetic of not a few of the personality failures of later life.

The other extreme of under-control is equally serious with the child as with the adult. Exhibitionism in children is one form of such lack of control. It may mean nothing more than a lack of social regulation in this matter; the child may be unaware that taking off one's clothes, or urinating in public, is not a socially acceptable form of behavior. This is probably less injurious to the child than the type of over-control which makes a fetish of modesty, thereby compelling children to the view that there is something inherently wrong in the sight of the naked human body. Here one must simply fall back on the commonly accepted custom. Certain things are "not done," and the child must take it and let it go at that. As our ideas of modesty in respect of clothing are undergoing constant modification, as we are learning to let children play in the sun with a minimum of covering or none at all, we may expect a gradual shift of emphasis in such matters. One should always be unwilling to jump to conclusions and to put an unworthy interpretation on a child's behavior in this respect.

When a child displays curiosity about the sex organs of another child, especially a child of the opposite sex, this should not call forth expressions of alarm or rebuke. It would have been wiser had the mother anticipated such curiosity, especially with a child whose experience in the family is limited to children of his own sex. Occasions can always be made to let a child see a baby of the opposite sex having a bath; this relieves curiosity and allows the mother to answer any questions that may arise. If, however, a child is found examining another child, it is well to say something like this: "Now you have found out what you wanted to know, and in future it will not be necessary to do that sort of thing again. We do not interfere with other children in that way." Let it go at that, watch the child's behavior a little more closely in future, but do not make much of the incident or revert to the matter unless another occasion arises.

If a child shows a tendency to exhibit himself to other

children, he should be told plainly that his clothes are put on to be kept on except when he takes them down in the toilet. Children over five should be instructed to go to the toilet singly; this habit well established may help to avoid situations which provoke curiosity and lead to experimenting with the sex organs.

It is the mother's responsibility to know where children are and what they are doing. Especially she should know what sort of companions they habitually associate with. This does not mean a system of espionage, it does mean careful supervision on the parent's part, as little obvious as possible to the child. No amount of surveillance can guarantee a child's behavior. The best that parents can do after they have provided all possible safeguards in the way of knowledge and oversight, is to *trust* the child. An attitude of suspicion, a readiness to believe the worst, is a poor atmosphere in which to create the positive type of controlled behavior which we wish to build up.

Development of Controls.

This discussion has limited itself to the sex-training of the pre-school child, with only occasional references to the later stages of the process of training. In conclusion, we may repeat what was said at the beginning of the chapter, that sex-training in this period is anticipatory in character, its objective being to establish a general attitude towards sex which will be well organized before the actual problems of sex experience are met by the individual. Sex-training in its later stages becomes actively concerned with the management of specific situations with which the child is confronted. It becomes practical in a narrower sense in that it is directed to meeting special problems as they arise. In this later stage sex-training parallels more closely the early training of the other appetites, sleep, eating and habits of elimination, than does the early phase which we have been discussing.

We assume that by the time the child is approaching adolescence the other basic appetites are well disciplined, that their regulation has been effected in the preceding periods

of early and later childhood, so that they are now functioning smoothly as well-organized systems of habit. If this is the case, it then becomes possible to use them as a basis upon which sex controls can be built. If on reaching the school age a general habit of control is firmly accepted by the child as applying to the various appetites, reënforced by habits of emotional control and well-directed self-tendencies, there is strong reason to believe that the inner discipline built up in other departments of habit will extend to the control of the appetite of sex. This indirect approach, however, must also be definitely reënforced by proper early training in right attitudes and by reasonable initiation into social controls and standards.

OUTLINE VII

SEX-TRAINING

I. The Nature of the Problem:
   - Differences between sex and other appetites.
   - Training anticipates experience.
   - Attitudes to sex—
     - in child;
     - in parents.

II. Early Sex-training:
   - The child's questions—
     - origin of babies;
     - sex differences;
     - father's part in reproduction.
   - Methods of instruction—
     - by mother *and* father;
     - in relation to definite situations and questions;
     - according to child's capacity;
     - matter-of-fact manner.

III. Later Sex-training:
   - Extends to adolescence.
   - Relation to specific sex developments.
   - Significance of general biological setting.
   - Basis of sex control.

IV. Sex Difficulties in Childhood:
   - Causes of Masturbation—
     - physical;
     - environmental;
     - social.
   - Treatment—
     - avoid over-emphasis;
     - provide substitute activities.
   - Sex inhibitions—
     - over-control;
     - lack of control.

V. References:

Blanton and Blanton, *Child Guidance,* chapter xi.
Galloway, *Biology of Sex,* chapters i., x., xi.

VI. Questions:

1. Was the manner in which you yourself got sex information helpful or harmful?
2. What questions in regard to sex have your children asked? At what age? How did you answer them?

ILLUSTRATIONS—VII

SEX-TRAINING

I. *Where Babies Come From.*

Following are two conversations of a child with his mother in regard to the origin of babies. The first occurred when J—— was nearly four and a half years old, the second six months later. The mother wrote down these dialogues immediately after they happened and brought them to the discussion on sex of her group. It will be seen that she varied the method of her explanation in the second instance in conformity with suggestions made in discussion. The occasion of the first incident was a discussion the child had overheard at home; the second seems to have been provoked by conversations among the children at the nursery school over a new brother of one child.

First conversation:

J——, by permission, came into bed with his mother early in the morning. From a clear sky came the question, "Mother, tell me about the baby that was born in a bath-tub." Questioning elicited the fact that he had, about eight months before, heard his paternal grandmother and his aunt discussing this experience which had happened to the latter when her baby was born.

"*J.* Why was baby born in a bath-tub?

"*M.* It was because the baby was ready to come into the world and could not wait any longer to come.

"*J.* Where was baby before it came into the world?

"*M.* Mother was taking care of it in a special place provided for that purpose, inside her body, called the uterus.

"*J.* Where is that place?

"*M.* Just inside mother's body between her thighs.

"*J.* How did the baby get there?

"*M.* Baby starts as a tiny seed inside mother's body and grows bigger every day.

"*J.* How does baby get out?

"*M.* When baby is ready a door has been made through which it can come out.

"*J.* Where is the door?

"*M.* In the center of mother's body between her thighs.

"*J.* How does baby know when to come out?

"*M.* When baby is too big for his home inside mother, he comes out into the home mother and father have ready for him in the world.

"*J.* Did I come that way, Mammy?

"*M.* Yes, dear, and so did brother."

Second conversation—six months later:

"*J.* I want a little baby sister.

"*M.* Why do you?

"*J.* Philip has one. You get me one.

"*M.* Maybe some day.

"*J.* How do all the little specks get down out of the sky?

"*M.* What little specks?

"*J.* The ones God sends down to get in your body.

"*M.* Who told you God sent them?

"*J.* You did, last year.

"*M.* Did mother say God sent them?

"*J.* No, Ruth did. She said God sent babies.

"*M.* What did mother say?

"*J.* That the little speck grew in mother's body.

"*M.* Yes, we call the little speck a cell. One cell is in mother's body and another comes from daddy. So there are really two cells. Both mother and daddy had a part in making you. The two cells join and then grow till baby is ready to come into the world.

"*J.* How does baby know when to come?

"*M.* When baby grows too big for its home in mother's body it has to come out into a bigger home. We call that being born. The doctor comes to help baby so that no harm will come to him. You know how helpless tiny babies are.

"*J.* Yes, they can't even stand up and their heads are wobbly."

II. *Differences of Sex.*

"I found my boy, who is three and a half years old, inspecting a little girl's sex organs. They were playing together in our garden. I was quite aghast, but I managed to say to him, 'Now you have found out what you want to know, and it will

not be necessary to do that again.' There has been no recurrence of the difficulty. He has no sisters, so I suppose his curiosity is not to be wondered at. If I had not heard the matter discussed in a group, and if I had not also read on the subject, I should have been stampeded into punishing him."

"My child asked why little boys are different from little girls. I said, 'In order that girls may grow up to be mothers, and boys fathers.' She is familiar with the way boys are shaped as she has two little brothers. My answer quite satisfied her on this point."

III. *Social Conventions.*

"I told my little boy very simply some time ago where he came from. I heard no more about the matter till a week or two ago a neighbor 'phoned and said that she thought I had better know what my young son was saying. She said he was telling the other children on the street that babies grew in their mother's 'tummies.' I told her that it was I who had told him that, and that in my opinion it was best for him to hear it from me. She was shocked and disagreed with me. Later I learned that another neighbor had a new baby, and that she had told her child that God had sent the baby. My boy had taken issue with this, telling them that 'God did not send the baby; he grew in his mamma's tummy.'"

One might suggest that a more careful phrasing of the information, and some caution to the child in regard to general conversation on the topic, might have avoided some of the unpleasantness of this situation both for mother and child. There was, of course, no real harm done, and the mother's attitude in the face of adverse criticism seems quite admirable.

"My two boys, whom I had told where babies come from, brought in a neighbor's boy and demanded of me, 'Now tell him about babies.' Fortunately I had a pressing errand to the store, so I put them off till I came back. While there I telephoned the boy's mother and asked what she wished me to do. She said, 'Tell him by all means; I can't.' So I went home and did it. As he was leaving, one of my boys said, 'Now, don't tell this to the first fellow you meet on the street.' He said, 'Why not?' and my boy's reply was, 'Would you kneel down to say your prayers on the curb?'"

IV. *Learning from Animal Life.*

"Our cat had kittens born right on my daughter's bed, so that the whole thing was quite simply explained!"

"My small boy went trout-fishing with his father when he was four. In preparing the fish his father showed him the eggs and told him how fish grew. He then asked if babies grew from eggs and the truth was told him very easily through this explanation."

"My boy saw two dogs copulating. I explained what was happening, and how wrong it was to throw stones at them as he had seen older boys do. He now tells other boys: 'Don't hurt the dogs when they do that; they are making puppies.'"

CASE VII

NANCY. Age 5/6. M.A. 6. I.Q. 108.

Problem as stated by mother:

"She and the little boys in the neighborhood expose themselves to each other. I saw her with her panties down and a little boy looking through the fence. I called her in and asked her if she had done anything nasty. She said 'No.' I told her to come into the living-room and we would both get on our knees and ask God to make us tell the truth, and she put her hands together and said, 'Please, Jesus, tell mother I am telling the truth'!"

History:

Family life:
Father: Late forties—merchant—oldest of five children.
Mother: Early forties—high-school education—middle of large family.
Siblings: Nancy is an only child.
Others in home: Maid.
Home: Large home—separate nursery and bedroom—outside play-gardens.
Obstetrical history: Normal—rather "nervous" during pregnancy.
Developmental history: Refused to nurse—mother was "nervous"—great deal of trouble in early feeding.
Attitudes: Nothing significant.
Motor: Late walking.
Speech: Early.
Eating: No trouble after infancy.
* Play: Traveled a good deal in first four years—does not play well with children—quarrelsome.
* Eliminative—Bladder: Began at twelve months—control at four years.
Bowel: Control at nine months.
Sleeping: Stopped daytime sleep at four years—restless—cries in sleep—regular hours.

* Sex: Early questions were put off by telling her she would be told when she "was older and could understand better" —recently has been seen with little boys and girls in neighborhood examining each other after taking down their drawers—was found by maid lying down on top of little boy in dining-room—severe reprimands and corporal punishment administered.

Emotional—Fear: At age two and a half frightened by rain driving in through window during severe storm—housemaid came in much excited and put down window with a "bang"—she was soothed, but this persisted until quite recently.

Anger: Not a problem—let her cry when she showed a temper.

Self-tendencies: Teases every one—quarrelsome with companions—does not sulk but is very sly—very demonstrative towards mother.

* Discipline: Fairly regular discipline in home—corporal punishment regularly—"We go all over her misdemeanor—I don't punish her every time—I say, 'You should have been punished for this and that and that other time, and now I'm going to add them all up and give you a good one' "—father is indulgent and teases her a great deal—governess who looked after her for some time taught her "smallness and snobbishness."

Diagnosis:

This is rather a pathetic child who has had everything done for her—the mother at times indulgent, at times awakened to her responsibilities—fortunately the child has been looked after by fairly competent domestics with the exception of the governess—the sex episodes are not important nor significant, they are an expression of a lack of good companionship in a wholesome way—the neighborhood is a wealthy one and she has had no opportunity to meet children in a normal way—the parents should be far more interested in her evident deceitfulness than in her sex behavior—the child presents fewer problems than one would have expected.

Recommendations:

Mother was assured that the sex episodes were not unusual nor degrading, but the signs of normal sex development.

The child should be sent to school and given every opportunity to meet children.

Adequate sex knowledge should be imparted when the opportunity afforded itself.

Parents should agree between themselves that alternate expressions of indulgence, indifference, teasing, severity, will not lead to a well-adjusted child.

Progress Report:

One month after:

Child is at school—mother has gone abroad.
No recurrence of sex behavior and no signs of curiosity.

Six months later:

Child still at school—apparently happy.

Comment:

It is doubtful whether the two interviews arranged in this case will be of permanent value—the mother was most interested in the attitude of the neighborhood towards herself and child, although she felt sincerely interested in the child. These episodes are not rare in children, but perhaps are not so frequent as in this case.

CHAPTER VIII

THE NATURE OF THE EMOTIONS AND ATTITUDES

We have discussed at length the appetites and their training, it remains now to consider certain other fundamentals of experience that are of primary importance in such training, namely, the emotions and attitudes. The nature of the emotions is probably the most controversial question in the field of psychology to-day; it is not our purpose to rehearse the terms of this controversy, but rather to look at the matter from the point of view which we have maintained throughout preceding discussions, that of the behavior of the young child. In discussing the appetites it has been necessary frequently to point out how disturbances of an emotional sort enter to disrupt the smooth functioning of the child's routine and to color his responses. Regression, negativism, conflict between parent and child, were cases in point. These involve emotional disturbances, and it is to learn the why and wherefore of such forces, which upset the balance of adjustment of the child's behavior, that attention must now be directed. To cultivate good emotional control in the individual, child or adult, is one of the chief objectives in any mental hygiene endeavor.

The Nature of Emotion.

The nature of emotion can be approached by comparison with the appetites. In the latter, according to our definition, there is always an impulse or urge springing from some need within the organism, which sets up a seeking reaction that persists until from the surrounding environment something is obtained which meets the need of the individual so that satisfaction, with a return towards balance or adjustment, results. Thus we have in hunger a search for food; in sleep, for conditions conducive to rest; in play, for

suitable materials to manipulate. The movement in these cases may be regarded as primarily from within outwards, that is, the organism seeks to satisfy its needs from the environment, from conditions external to itself.

In emotion, on the other hand, the process may be regarded as acting in the opposite direction, from the environment towards the individual. This distinction is not offered as an exhaustive account of emotion, but it touches upon an important point which we wish to make clear. With emotion, as with appetite, one should recognize that there is, of course, a conscious or experiential side to be considered as well as the underlying physical and physiological side. It is of the latter we are mainly thinking when referring to the processes as acting from within or without. Moreover, in differentiating action as springing from within or without the organism, it must be remembered that this can never be an absolute distinction, since the interaction of organism and environment is reciprocal so long as life persists. To appreciate the external dependence of emotion we have only to recall that appetite is a regular and cyclic process in the organism, which leads towards satisfaction in terms of an adaptive end-response, the process always tending to recur. Emotion, on the other hand, is an occasional and special response to some particular stimulus situation in the individual's surroundings; and the unique feature of this external influence, differing from other stimuli of the moment, is that it changes in a marked fashion the ordinary adjustment of the individual, often throwing the organization of his appetites into confusion and disrupting their customary regular functioning. The characteristic result of emotional stimulation, therefore, is that it does not make for smooth adjustment as does normal satisfaction of the appetites, but leads to a disturbance of the behavior of the individual which persists in non-adaptive form through a critical phase or until some new factor enters to restore a more adequate balance of action, thought and feeling.

Such disruptive result may be exerted by the environment *de novo,* or may arise through conflict between what the environment has to offer and what the fundamental appetites demand for satisfaction. To illustrate the latter case: A

child wishes food but fails to obtain it, either because, as in the nursery rime, the cupboard is bare, or because the mother refuses to allow the child to eat between meals. In either case a native appetite is checked in its course by the environment; the thwarted desire with the resistance thereby set up finds expression in an emotional explosion, probably a tantrum or some less dramatic form of anger. Again, the child may be playing contentedly when a big dog jumps barking upon her; the disruption of her peaceful adjustment by this inthrusting of a foreign element provokes the characteristic reaction of fear. Similarly, a child on the point of falling asleep hears her father's voice in the hall below, and is thrown at once into a commotion of joyous excitement which temporarily overthrows the normal calm of her experience.

It will be apparent from these examples that emotion is much harder to define than appetite, for the reason that apparently almost any stimulus from without may on occasion be the cause of an emotional disturbance. It is not the stimulus merely, but the whole present condition and past experience of the organism that precipitates the reaction. Watson, whose work on emotion we have already referred to, propounded the interesting question, Are there stimuli that originally and universally will provoke in the human being an emotional response? Working with young children he found certain situations, but only a few, that inevitably aroused emotion, and he believed that all other stimuli which later came to be emotionally effective were conditioned thereto in the individual by the process of habit formation. His findings will be reviewed later, they represent an important attempt to study emotions mainly in terms of their stimuli.

Other investigators have directed their attention largely to the side of response, that is, to the type of disturbance set up within the organism. The gross bodily forms of emotional disturbance are readily recognized by every one: shrinking, flight, pallor, blushing, clenching of the fists, tears, smiles—it is not necessary to prolong the list. We all take our clews in social behavior from just such signs, tact or insight in social situations being the ability to infer

from almost imperceptible signs what those around us are feeling. However, more refined methods of studying the nature of these disturbances within the organism have been devised. Among these the work of the physiologist, Cannon, outlined in his book, *Bodily Changes in Pain, Hunger, Fear and Rage,* has long been recognized as significant, though not the last word for science, and as having equally great interest and practical value for the layman.

One point made by Cannon may be mentioned here, namely, his emphasis on the *antagonism* between the normal physiological processes incident to the satisfaction of the appetites on the one hand and the physiological changes set up in emotion on the other. Thus he demonstrated that emotional disturbance as in fear or anger checked the processes of digestion, inhibited the sex impulse, and often even overthrew the normal eliminative controls. Whether such interference is true of all emotional states is doubtful, and it will be seen from the title of Cannon's book that he confined his investigations of emotion to those which are characteristically unpleasant. In fact, the physiological technique does not suffice to differentiate very clearly between the different kinds of emotional states, although consciously one finds them to be so very unlike. Other writers have claimed that pleasant emotions *facilitate* the normal physiological processes, but conclusive experimental evidence is still to seek in support of this position. For our present practical purpose we shall look at emotion from the level of ordinary behavior, to determine if possible the characteristic types of overt disturbances which environmental changes induce in the organism.

The Attitudes.

To do this let us turn now to the *attitudes.* These as seen in the reacting individual comprise two opposing types of motor habits—on the one hand those of approach, on the other of withdrawal. These are original forms of behavior; the new-born infant seeks after some objects—the nipple, for example, and retreats from others—bright lights or loud noises. The appetites utilize these movements of approach

and withdrawal as part of their constitution—approach under the influence of desire, withdrawal when desire has been satisfied. Equally marked tendencies of approach and withdrawal are evidenced in emotional situations. If we think of the life of the individual as having a certain customary level of functioning, it will be clear that it can be thrown out of balance in either of these directions—positively, through marked advance towards the source of environmental stimulation, or negatively through an equally pronounced retreat. In general terms, therefore, the impinging of the environment on the organism may set up emotional response in either of two directions—towards the environment in what may be described as a positive or facilitating response, or away from it as a negative or antagonistic response. It will thus be seen that the attitudes of approach and withdrawal are characteristic of emotional as well as of appetitive behavior, but that in emotion they are accompanied by disturbance of the bodily economy, and consciously by acceptance of or rejection of the exciting stimulus. The conscious side of the attitudes may be less significant than the bodily in early infancy, but as the mental organization develops this aspect must be taken into account by the parent who wishes from the outset to foster good emotional control in the child.

Extremes of Emotion.

We are viewing the emotional life in terms of a bipolarity; the individual's normal level of behavior may be free from pronounced emotional cast, but he is forever being subjected to circumstances which set up strong movements of attraction or repulsion in respect of that part of his environment towards which his attention is directed. It is only in extreme forms of emotional experience that the full disintegrating effects of emotion are manifested. That fear may paralyze our actions or that we may be speechless with rage is commonly recognized, but joy may be equally devastating in its extreme forms. We may become tearful, incoherent, incapable of integrating our actions under extreme happiness or upon relief from tension. Sexual love

and religious ecstasy afford perhaps the best examples of extreme and disorganizing positive emotion in the adult. The normal individual may experience at times extremes of emotional experience, but in pathological mental states still more extreme emotional conditions may be found as in manic-depressive insanity where the individual fluctuates between manic excitement on the one hand and the depths of depression on the other. In such disorders the emotional state may no longer be dependent upon specific provoking causes in the environment; some diseased condition of the organism or the cumulative effect of long wrestling with a difficult environment may be the antecedent of these exaggerated and persistent forms of non-adaptive emotional response.

But while in its extreme forms all emotion is disintegrating, in milder degree it may be stimulating and pleasurable and improve the general functioning of the individual. Even anger may have a usefully exhilarating effect if it is not too extreme. Fear when it is present to a limited degree, as in adventurous situations experienced in real life or vicariously in literature, is definitely stimulating and enjoyable, hence the lure of house-climbing in the child or of mountain-climbing in his elders. This would suggest that the control of emotion, its regulation within proper limits, is of first importance. Controlled, it may supply motivation for behavior, allowed to go unchecked it disorganizes, handicaps and destroys.

It must be recognized, too, that the stirred-up condition in emotion is not wholly disadvantageous. For the moment it may incapacitate the individual, rendering him impotent in thought or action, but nevertheless this condition seems to be one of nature's ways of quickly breaking up old outworn patterns to make possible the re-directing of the energies into new forms of organization. The person whose behavior has settled into a rut can often only be motivated by being emotionally stirred. Advertising experts, insurance salesmen, etc., well know that an appeal to the basic emotions may produce the action they desire more readily than merely an appeal to the intellect. With children whose reasoning powers are less developed and critical this fact is even more

pertinent, hence the importance of a proper disciplining of their emotions to cope with the problems that beset their stage of development.

Emotions and Appetites.

In the life of the individual there is thus a close relationship between appetitive and emotional impulses, and the interactions of these on one another give rise to definite trends of personality. We have again and again had occasion to point out the influence of environmental factors, and particularly the effect of adult discipline, in either helping or hindering the control of the appetites in the child. It is equally important to recognize how the appetites themselves, if they are frustrated, influence emotional control. Thus the child who is hungry, who needs to relieve himself at the toilet, who is over-tired, may show fear or anger responses out of all proportion to the exciting cause or to his customary reactions in like situations. Conversely, a good adjustment of the appetites may help to overcome a bad emotional habit. In assessing the emotional level at any given time, not only outward conditions but inward predispositions must be taken into consideration.

Such being in general the view of positive and negative attitudes, of the contrasting effects of moderate and extreme emotional stimulation, and of the interaction of appetite and emotion, it remains to examine more closely the bearing of these points on the behavior of the infant and young child; and then to go on to some consideration of the general influence of the attitudes in the organization of behavior patterns and of the hygiene of emotional control.

Emotion in Infancy.

In infancy emotion is relatively simple and therefore in some respects more easy to control and more suitable for study. The new-born child is stimulated by impulses and desires from within rather than by impressions from without. He is relatively insensitive to the multiplicity of the world around him; the obvious limitations of his experience,

the ego-centricity of the world to him, bring it about that he reacts to the demands of the appetites more regularly and frequently than to varied external stimuli. Nevertheless, Watson's experiments with infants have demonstrated that certain external stimulations will break through the charmed circle of the child's world and produce well-defined reactions of the sort that we are accustomed to describe as emotional. Watson claimed that by experiment he had detected three types of emotion which were native to the organism, and he held that all the great varieties of emotional response with which we are familiar in later life have in every case been built up in relation to these original forms by a process of conditioning to the point of habit formation, just as in the training of the appetites originally indifferent experiences were seen to become effective in controlling the process. The three original emotions Watson designated by the familiar terms, love, anger and fear.

Love was not love in any sense that the term connotes in adult experience, although it was doubtless the root from which the complex sentiment develops. Watson's own statement is concise and clear:

> The original situation which calls out the observable love responses seems to be the stroking or manipulation of some erogenous zone, tickling, shaking, gentle rocking, patting and turning upon the stomach across the attendant's knee. The response varies. If the infant is crying, crying ceases, a smile may appear, attempts at gurgling, cooing and finally, in slightly older children, the extension of the arms, which we should class as the forerunner of the embrace of adults.

Beyond this Watson has little to say about love, and he points out the difficulties of experimenting with the love responses. The positive and approaching character of these reactions is at once apparent. If it is asked how such behavior as Watson describes differs from the early manifestations of the sex impulse, one would have to answer that the difference is mainly one of stimulus direction, the stimulus in the situation which Watson describes coming from without the organism, whereas the early sex appetite is largely the stirring of an inner impulse before there is a

definite sex object. In its form the early love response is, no doubt, allied to its later mature pattern.

In studying anger Watson found that hampering of the infant's movements, as by holding the child's arms or legs, or holding the head, resulted in thrashing movements of the extremities, which finally extended to an almost convulsive flinging about of the whole body. Crying and screaming, holding of the breath, till in extreme cases the child became blue in the face, were the characteristic manifestations of this emotion. Fear, he found, could invariably be produced by more than one means—by loud sounds, by the withdrawal of support so that the baby fell for a few inches before being caught again in the attendant's arms, by a sudden pulling of the blanket, or by a slight shake when the baby was on the point of falling asleep. Although Watson does not add the generalization, it looks as if all these conditions could be summed up under sudden, unexpected changes impinging from the physical environment. The response is in all cases the same—sudden catching of the breath, puckering of the lips, crying. Possibly in older children flight or hiding might be added, though at that stage the responses cannot be claimed to be free of learned elements. Flight or the death feint in young animals which are capable of locomotion at birth, leads one to believe that these may be original responses in fear, and perhaps the most characteristic ones under these circumstances.

If love is recognized as a facilitating or positive response, to use the terminology that we have suggested, fear and anger, on the contrary, would be recognized as negative or antagonistic responses. They both express opposition to the stimulus, though in very different ways. In anger opposition takes an offensive form; the movement is towards the stimulus as in a positive emotion, but it is movement to repel or destroy, not to coöperate. Fear, on the other hand, inhibits action or expresses antagonism through retreat, the organism definitely withdrawing from the provoking cause of the disturbance.

Of the detail of Watson's further experiments in the conditioning of early fear responses we shall have more to say later. Meanwhile we may turn to the behavior of the child

of pre-school age, to see what is added by way of detail to the broad lines of the picture as already laid down. Watson's work was so brilliantly conceived and so tellingly described in his *Psychology from the Standpoint of a Behaviorist,* that his contentions have passed largely unchallenged in the ten years since his book was written. His work has not been to any considerable extent either modified or extended by further experimentation in the field of genetic psychology. It is therefore not easy to think or speak with equal clarity in terms other than those which he laid down as appropriate for the study of child behavior.

Emotion and Self-tendencies in the Pre-school Child.

While emotions are seen in their simple, original form in the behavior of the infant, by the time the child is two years old marked conditioning is bound to have taken place. A new factor of importance has modified the range and direction of the emotional life. The infant was described as egocentric, but the pre-school child in contrast shows a marked susceptibility to his environment. His contacts are now more numerous and his self-tendencies, to use McDougall's phrase, i.e. his responses of assertion (mastery) and of negation (dependence) towards his environment are correspondingly more evident. He flits from one object of interest to another, persons and things alike he uses to feed his avid desire for experiment and experience. With this orientation to the outer world rather than to the world of his own sensations and desires, a marked change in personality results. His many contacts increase the chances of emotional stimulation, and his lack of experience and discrimination leads him into countless difficulties until he can learn. It is therefore not surprising if the child of two to three years shows a susceptibility to emotion which is only rivaled by that of the adolescent period. This is sometimes described as due to the developing self-consciousness of the child. If by this one means that the child comes to recognize himself as one object in a world of objects, one would assent; it certainly should not be taken to imply an added

emphasis by the child on the subjective elements of his experience, since his attention at this stage is drawn rather by the greater attraction of the objective world. As the child's awareness of his environment increases, his susceptibility to its influences, in other words, his capacity for emotion, likewise increases. From the standpoint of training the emotions no period in life is more important than this one, when the child is first rapidly broadening his environmental contacts and developing his characteristic self-tendencies.

Mother and Child.

In the young child's environment there is normally one element of greater significance than all others, and that is the mother. The orientation of the child to his mother is a gradual development from infancy onward. It begins with the dependence of the child on the mother for food and for care, but it soon ramifies into a great complexity of associations all of which center on the mother and make her the most important feature of the child's world. This is further augmented by emotional stimulation from the mother which calls forth a facilitating response from the child. In later life this close association of mother and child will necessarily loosen, but during the pre-school period the relation between mother and child is normally the most significant and influential that the child experiences. It is therefore only natural that the child's emotional life should at this time center round his associations with his mother. The mother is responsible for the child's routine, he is still largely dependent on her for help at every turn, and she is often his most constant comparison. At least with the coming of school age there is a loosening of this association, with introduction of other social influences which progressively assume greater and greater importance in his life. But the pre-school period is, for the reasons we have already named, dominated by the mother-child relationship. We may expect accordingly to find that emotional disturbances have generally a close association with this vital relation in the child's experience.

Positive Reactions.

That this is the case will be found first in regard to the positive emotions, which center more often in the mother rather than in the father or another member of the family. The child reacts positively to emotional stimulation from the mother, to caresses, to appeals for demonstrations of affection. Such mutual approaches have both their value and their dangers. They are dangerous if they force a premature development of the sex impulse through unwise and over-indulged caresses, or if they intensify the dependence of the child on the parent instead of encouraging in him independence and initiative. The desire of some mothers to "baby" their children, to keep them little as long as they can, expresses an unwholesome attitude. Neither forcing nor holding back, but a normal adjustment at each stage of development, should be what we desire for our children. To prolong or over-emphasize the dependence of the child on the parent is certainly inimical to his development, particularly on the emotional side. If control from within is the objective of training, anything which allows the child to rely too largely on some influence or person in his environment when he should be depending on himself, must be bad. Parents should remind themselves that, while the child-parent relationship should continue to have the same value for them, for the child it is a constantly shifting value, in which the importance of the parent should normally diminish with age and maturity. It is their responsibility to promote this change, lest they fix in the child an infantile type of emotional life. A greater or more lasting unkindness than this no parent could do.

Again, when the child's affection for his parents is deliberately appealed to as a motive for obedience, a false note is introduced into the relations between parent and child. "Do this because you love me," or, worse still, "If you do that, it shows that you do not love your mother"—such appeals destroy the spontaneity of the child's affection and put what should be a matter of course on the basis of barter. In the end, if such forms of motivation are persistently used, the result can scarcely escape being to destroy the child's free-

dom of judgment or else to alienate his affections from the parent.

That susceptibility to parental attitudes is a powerful disciplinary force with the child is undoubted. This is bound to be the case even if the parent would scorn the direct appeal of the sort mentioned above. The *rapprochement* between mother and child fosters a sympathy, a common consciousness, or reciprocal affection, to use the term of McDougall in his *Social Psychology,* which makes social discipline easy. Even so, such control has its disadvantages as McDougall has pointed out:

> The conduct of affectionate children is in many cases largely regulated by this motive (reciprocal affection) from an early age. When they do what they have been taught to believe is right, it is not so much from the motive of seeking praise or avoiding blame as for that of giving pleasure or avoiding pain to those they love.

He goes on to point out that this renders the person in whom such a motive predominates peculiarly dependent on the natures of those to whom he is attached. While such dependence might pass for pliability and charm of character, it militates against self-reliance and does not cultivate moral fiber; moreover, the early attachment may make extremely difficult that degree of detachment from the parents which marriage presumes, with complete adjustment to another personality. Thus the ultimate fruits of the self-tendencies cultivated in childhood are indeed far-reaching; it is an unwise parent who will not aim to attain a proper balance of these tendencies in his child from the outset.

If we turn, however, to the other side of the picture, to ask what are the advantages of the close emotional bond between parent and child, one is struck chiefly with the importance for the child of belonging to some one to whom he matters supremely, of being assured of sympathy, protection and understanding, no matter what happens. All of us need this kind of reassurance, but how much more so the child who is inexperienced, uncertain, often blundering in his first approaches to an untried world. His parents, his mother in particular, stand for a place of retreat, a shelter to fall back

on when things become too hard. But the parent should be more than a retreat, she should be a reinforcement. The child must learn to rally his forces and attack his difficulties with renewed force. Reassurance should never mean indulgence; the child should not be shielded from his mistakes or indulged and cosseted with sympathy, but given insight into his failures and then encouraged to go out again and do better. If the parent's attitude is one of insight without reproach, of helpfulness which carries no strings or conditions, the child will probably return from time to time when he finds himself in need of counsel. He will find in his parents what Mrs. Puffer Howes has described in a fine phrase as a "firm foundation for the child's universe." This steadying influence is needed by the inexperienced child and youth. In our insistence on making the child self-reliant we should remember that there is a necessary limit imposed by the child's age and lack of experience; forcing the child into a situation with which he is unable to cope may be as fatal as refusing him the chance to try his own powers. There is in the child what Burnham has called a normal sense of dependence; the wise parent learns by experience to know when to push the child out of the parental nest and when to give him shelter, protection and help. Above all things the child requires a sense of security.

Negative Reactions.

If the parents, and particularly the mother, are thus the focus of the positive reactions of the child, what of the negative reactions? It was antagonistic responses that called for attention in our discussions of the appetites, and the frequency with which antagonisms appear leads one to suspect that negative emotions are as intrinsic to the child-parent relationship as are positive ones. Of these, anger is much more commonly found than fear in relation to the parent. The stern forbidding parent has almost become a bogy of the past and, for better or for worse, the heavy-handed father is to-day going out of fashion; in fact, the exigencies of modern business and professional life have largely removed the father from the daily round of his

younger children. Perhaps the correct emphasis would be to say that while in a given situation the child may feel fear of parental displeasure, such incidents are so occasional that they do not carry over and color the whole outlook as seems often to have been the case in ealier days. This is part of the diminishing rôle that fear plays in modern life, a point which we shall have to discuss more fully in the next chapter.

One form of fear that operates frequently in the behavior of the child at this period is the milder manifestation known as regression, that is, retreat to an earlier or infantile form of functioning in the face of difficulties. Family dissensions, a difficult situation at home or at school, jealousy within the family circle, persistent inadequacy in some expected performance, may precipitate this type of inferiority reaction. It is not necessarily confined to the child-parent relationship, and may appear in many different connections.

Anger, on the other hand, is very frequently the expression of clashes between child and parent. One of its commonest manifestations in the pre-school child is the temper tantrum, which we will discuss in a separate chapter. But just as fear has its less extreme form in regression, so negativism, resistance and sulkiness are less dramatic though more pervasive forms of anger. Negativism becomes an attitude which shows a more or less permanent "set" of resistance against the suggestions of the parent or person in charge. It usually manifests itself first in relation to some detail of the routine, but the habit of resistance thus engendered may spread to the child's whole behavior so that it becomes almost automatic with him as soon as a suggestion is made to offer a contrary reaction. In parents, of course, this same tendency may manifest itself, in the habit of refusal, for instance, so that a child's request is not taken on its merits, but faces a prejudice before it is made. There is nothing easier than for a parent who is having difficulty with a child to develop the expectation of a certain sort of behavior by the child, and to act on the assumption of such behavior without waiting to see what the child is going to do, or without attempting to set the stage in any way to avoid the objectionable behavior which is anticipated. Presumption of "naughtiness," disobedience, inconsiderateness

and the like is as sure a way of encouraging these responses as the opposite presumption is of avoiding them. Parents may thus unwittingly foster the very faults against which they inveigh by always expecting them to happen, and since it is easier to blame the child than to adopt new methods, the vicious circle remains. Whenever, therefore, an *impasse* arises in the situation between parent and child, it is well to go back and review the situation, trying to find the genesis of the difficulty and if possible to discover the faults in management which have led to the cumulative effect. Without this willingness to analyze and to experiment in the situation, the too insistent parent may establish in his child habits of resistance that will last for life.

Lest one should appear to overstate the situation it should be added that negativism is a common manifestation in children of two and three years of age who are feeling keenly the urge to independent behavior, but who have not yet developed the capacity to accomplish those things which they are able to envisage. If tact and care are used, if the parent allows as long a rope as possible, but is consistently firm at those points of the routine where conformity is demanded, then the outcome should be a satisfactory one.

It will be seen, therefore, that children are apt to manifest towards their parents emotional behavior of the two extreme types, the positive, sympathetic response on the one hand, and the negative or antagonistic response on the other. The bi-polarity of the emotional life is nowhere more manifest than in this very respect, in the alternating phases of sympathy and conflict within the child-parent relation. Freud, recognizing the play of alternating love and hate in human experience, has described this as the ambivalence of the emotions, their capacity of being turned in either of two directions. It is not always recognized that of these two attitudes one is as fundamental as the other. The parent birds feed their young, then drive them from the nest; the child is nurtured by the parents and then leaves them to fend for himself. Antagonisms may easily develop in this balance of interests between parent and child. In face of the sentimentality of much talk about the love of the parent for the child and the devotion of the child to his mother, it would

be better to face the fact that in a sense hate is as inherent in the situation as love. Not natural feeling so much as a long education of the affections, an education which is mutual for child and parent, is the best assurance of a stable and well-adjusted relationship.

The Attitudes.

In discussing the emotional life of the pre-school child attention has been focused on the child-parent relationship as the central situation and one which embraces most of the characteristic emotional phases of this period. It is necessary, however, to turn to a wider setting in order to see how the localized emotions of the child's early experience are developed into certain sets or dispositions of a more general character, which color his behavior alike in his manipulation of his physical environment and especially in his approach to social situations. What we have indicated as the attitudes are here subject to examination.

We have already suggested that the motor tendencies of approach and withdrawal are basic both to the appetites and the emotions. Only in the light of this can attitudes be described as original forms of behavior. From this beginning they are built up into well-marked social habits through a process of conditioning in relation to emotional situations. They may perhaps best be regarded as attenuated forms of emotional response, diffused aspects of the emotions where, by reason of repetition, the individual has become so habituated to a certain type of experience that the disturbing organic factors have faded from the picture till only a halo of emotional affect remains. The diminution of the emotional excitement with the survival of just enough feeling to predispose to action makes the attitudes peculiarly significant for the direction of behavior. They are, in fact, the behavior patterns of the individual, and in the form we have described as the self-tendencies they are basic to an understanding of personality. It is therefore important to know something of their conditioning in the young child.

The attitudes, we believe, are determined largely by the early contacts of the individual with his environment. If

his first tentative movements of approach meet with success, if the worm drops into the gaping mouth of the fledgeling, if the rattle obediently rattles in the hand of the infant, if the first social overtures of the two-year-old lead to a friendly rapport, all this encourages the young creature to feel confidence in his own powers. What is best described as the self-assertive tendency is thereby developed. The trite saying that nothing succeeds like success is here profoundly true; if the child develops a habit of dealing successfully with the situations with which he is confronted, the self-confidence thereby engendered will carry him far in future situations. Conversely, if his first attempts meet with rebuff and discouragement, if failure attends his efforts, the usual result is that instead of an attitude of aggression and confidence being fostered the opposite will occur, the child will withdraw into himself, will shun the tasks that spelt failure, will become progressively more and more self-centered and shut up in himself, unless some opposing influences enter to dispel this disposition. This type of withdrawal or of undue dependence constitutes what has been called the tendency of self-negation.

In these cases the original movement has been from the child towards the environment, usually in pursuit of the satisfaction of some appetite. The response of the environment to these overtures becomes in turn an emotional stimulus which sets up in the child responses which McDougall respectively terms those of negative and positive self-feeling. These states are not as acute as the emotions of fear and anger, or perhaps it is more correct to say that the first impact may have the characteristics of emotion, but that with repetition there appears rather a pervasive and permanent feeling which colors the subsequent approaches of the child to his environment. Thus on the basis of early experience a series of circular responses are set up whose effect usually is to establish the bent that the child received from the initial encounter. It is at the intersecting points of appetite and emotion and under the influence of early success and failure that we find being built up those persistent attitudes, or habits of adjustment, that become our most permanent possession.

The moral of the foregoing is the importance of setting the stage for the child so that some measure of success may attend his early efforts. The habit of failure is deleterious to mental health, and when one realizes that failure may recur more or less by accident and may nevertheless be fixated till it becomes a part of the character, then the importance of early encouraging a feeling of assurance and confidence in the child is clear. If it is urged that success makes the child objectionable, that he needs the chastening discipline of failure, one need only reply that as long as the child is not unduly sheltered from the consequences of his blunders life is sure to supply such negative disciplining. We are only urging that it should not be allowed to come too early and too persistently. Here the protective and fostering function of the home is again apparent.

Control of the Emotions.

Emotions together with the appetites supply the motivating forces in human experience. The training of the appetites has been dealt with, but the control of the emotions calls for brief comment. With the young child response to stimulation is relatively immediate, a hair-trigger type of reaction. A point for the parent to learn is not to apply the stimulus till one is ready for the response. Thus, if you say to a two-year-old, "Will you come for a walk?" he is at the door before you even expect a verbal answer. Such action has usually a strong emotional accompaniment, pleasurable if the action is unimpeded, the opposite if it is balked. To initiate action and the accompanying emotion without being prepared to carry the matter through to fruition, is a poor technique for the training of the emotions. The energy we have released must find some outlet—desirable or otherwise.

With advancing age the power to inhibit response is developed, and consequent on this the power to organize behavior in relation to ends more remote. The adult, instead of responding to every stimulus as the runabout child does, selects those things to which he chooses to attend. He is no longer the prey to every chance happening which catches his attention, rather he disregards many events and concentrates

on those which relate to existing interests. These interests, in the course of experience, become organized into permanent systems of thought and feeling, or, as the British psychologists say, into sentiments. Sentiments in the adult differ from the manifold, incongruous and fleeting emotional interests of children in their more complex organization, lower emotional tone, and greater permanence in experience. Again, with the organization of the sentiments goes an increasing power to inhibit immediate responses, to wait till the appropriate time and place for action have arrived. The child strikes back in anger, the adult may wait for years for his revenge. Love with the child is a casual give and take of caresses, in the adult it may be a sentiment capable of maintaining itself for years in the face of discouraging opposition.

This transition from immediate to remote objectives, with appropriate shaping of the emotions for that purpose, should be conceived as part of a child's normal development. It involves the organizing and stabilizing of life instead of the buffeting of the individual by every passing impulse. It provides a means of dovetailing immediate with more ultimate objectives, whereas failure to attain to this stabilized type of emotional control means a certain arrest of development. Most of us know adults who under stress go to pieces in a tantrum as pronounced as any that a child can display. Such behavior seriously handicaps the individual in the business of life. Yet it is only to-day that people are turning seriously to a study of this early conditioning of the emotions and the hygiene of their control. Far too little is yet known for an authoritative basis of training to be laid down. Systematic observation and experimental studies of the emotions in the various stages of development of the individual are necessary before we can hope for anything like a complete genetic picture of the process. Work in parent education affords an excellent opportunity of making a contribution to this important topic. Up to the present, as already mentioned, two forms of emotional behavior, fear and anger, have been investigated in some detail. Love, in particular its manifestations within the child-parent relation,

has been barely touched upon, and this is one of the most vital points in relation to the training of the young child.

Still another phase of emotional life calls for special study, one which McDougall has described in the *Group Mind* as the "sympathetic induction of the emotions," that is, the transmission from one individual to another of an emotional state through the interpretation of bodily signs. This is of the greatest importance for the understanding of children, who seem often to be unusually sensitive to such emotional cues. We have referred to Blanton's emphasis on bodily tensions as a mode of communication between parent and child. Any one accustomed to handling children knows how significant this is in relation to control. The frequently irritated mother, for example, who professes that she always keeps herself outwardly composed in dealing with her child must not forget that by that very tension she inevitably reveals to the observant child that conflict which she wishes to conceal and thereby encourages in him a like lack of frankness. Since parents are thus inextricably a part of the emotional environment of their children the only safe course is to accept that fact and endeavor to understand and constructively guide the factor of emotion rather than thinking to conceal it. The popular myth about the ostrich hiding his head in the sand will truly apply to the hiding of emotions from our children.

Any attempt to evalute or predict personality traits must take into account emotional experience, and make use of appropriate categories. The difficulty found at present in arriving at any satisfactory measure of personality in the young child may suggest the advisability of revising the basic concepts in terms of which personality is usually described. One must admit that parents may find in all this as yet little that is helpful to them in understanding and training their children. They themselves will have to join in the study of the emotional life of the child before results commensurate with the difficulty of the task can be obtained.

OUTLINE VIII

THE NATURE OF THE EMOTIONS AND ATTITUDES

I. The Nature of Emotion:
   An original form of response.
   Organic basis of emotion.
   Polarity of emotion—
      exhilaration—approval;
      depression—withdrawal.

II. Emotion in Infancy (Watson):
   Ego-centricity of child's experience.
   Positive emotions—
      fondling and soothing—"love."
   Negative emotions—
      sudden, unexpected change—fear;
      restraint—anger.

III. Emotion and self-tendencies in the Pre-school Child:
   The parent-child relationship dominant.
   Positive—
      place of caressing;
      "common consciousness" (sympathy).
   Negative—
      defense—negativism;
            tantrums.
      retreat—regression (conflict);
            fears.

IV. The Attitudes (Sentiments: McDougall):
   Diffused aspects of emotional life.
   Positive self-feeling—
      self-assertion—success.
   Negative self-feeling—
      self-negation—failure.

V. Control of the Emotions:
   Use as a motivating force—
      remote objective—sentiment;
      immediate objective—emotion.
   Hygiene of control—
      Significance for adult life.
      Emotional levels affected by—
         fatigue;
         over-stimulation.
      "Sympathetic induction of the emotions."

VI. References:
   Watson, *Psychology from the Standpoint of a Behaviourist,* chapter vi.
   Woodworth—*Psychology,* chapters vii. and viii.

VII. Questions:
   1. What methods have you found effective in preventing emotional upsets in children?
   2. Describe an instance of how success in a specific undertaking modified a child's general attitude.

ILLUSTRATIONS—VIII

THE NATURE OF THE EMOTIONS AND ATTITUDES

I. *The Child-Parent Relationship.*

(*a*) A Conflict Situation:

"I have a little girl of two and a half *whom I have never been able to persuade to do anything.* She must be forced to do everything. She is usually a shy little thing, but the other day she decided to play the piano in the living-room where I was entertaining a guest. I said, 'H——, don't play now, just get down,' very calmly, but *knowing she was not going to do it,* I did not expect her to do so as she never has. She did not pay any attention and I said, 'Mother will have to take you down if you do not stop.' I picked her up and sat her down, and she began to kick and scream. I *called the maid to carry her out,* and told her that when she stopped crying she could come in. In about five minutes she came back with a smile on her face. She had been taken out and set on a chair."

The italics indicate the mother's ineffectual discipline, giving orders which she did not expect to be obeyed; then calling in the maid to execute her orders for her. A conflict situation of long standing is suggested by this incident.

(*b*) Adult Teasing:

"It was stormy, and the children were offered a ride home from Sunday school in a friend's car. Their father said they must walk as they needed the exercise. The seven-year-old boy objected, and scolded on the way home, and his father poked fun at him for 'being weak' and not feeling well enough to walk. When they got home the child began to cry loudly and threw his coat into the middle of the floor. His father insisted on his picking the coat up, and forcibly seated him on a chair in the kitchen while the family went to a room upstairs. He was told to remain there till he could behave himself. He cried for about fifteen minutes, then began to play quietly. Later he

went to his *mother* and said he was sorry, and they had a quiet talk. *He said he did not like to be made fun of.*"

(*c*) A "Mother Fixation":

"My child fears only two things, fire and my leaving her. If she comes in from school and finds I am not at home, or that I am preparing to go out, she has a tantrum. Sometimes she even gets sick at her stomach. I have reasoned with her, been firm with her and resorted to spanking. This made her sick, *so I had to give in to a certain extent.*

"Apart from this one difficulty I have perfect control. I started when she was a baby to make her obey, and *the result has been splendid.*"

The inconsistencies of this parent's statements speak for themselves.

(*d*) A Passing Storm:

"My little girl is four years old, and we often go shopping together. When it is necessary to leave her at home I explain that though I love to take her, there are times when I cannot. As a rule she accepts this cheerfully, but to-day, although I talked to her, she was set on coming, and I left her screaming. She would get over it in a little while and be perfectly happy when I returned. The child will rebel against circumstances sometimes. I fancy that she was rather right to-day. I have been out a lot this week, and she evidently felt that it was not fair."

This is the type of conflict situation which inevitably arises at times with young children. Note the mother's intelligent and sympathetic attitude. The fundamentally good relation between mother and child is quite undisturbed by such slight squalls.

CHAPTER IX

THE FEARS OF CHILDREN

Possibly no aspect of the treatment of children has undergone more radical change during recent years than the use of fear as a form of motivation. Many adults will recall the free use of fear by their parents as a measure of discipline—fear of punishment, fear of the policeman, fear of bogies in some shape or form. Parents were not alone in the implanting of such fears, servants and other children contributed their quota, but parents shared and approved the practice; the watchful guarding against the generating of fears that is characteristic of enlightened methods with children to-day was seldom evident. Parents, especially the father, were not averse to being regarded with fear by their children. Stern, harsh and domineering authority, with the threat of physical punishment in the offing, was commonly the attitude which the father felt necessary to secure the obedience and respect of his children.

One is tempted to ask why we have so profoundly modified our attitude towards fear to-day that we not only recognize it no longer as a useful, legitimate means of social discipline, but sometimes seem to go almost to absurd lengths to guard our children against this untoward form of experience. In the minds of some enthusiasts every trace of the unpleasant and disturbing must be ironed out of the child's life. How far such doctrines and practice are desirable, even how far the child sympathizes with them, may be open to question, but one cannot fail to be impressed by the change in adult attitudes in respect of fear. The immediate effectiveness of fear as a measure of discipline is unquestioned, yet parents more and more tend to abrogate its use, preferring to gain their ends in other ways rather than by frightening the child. Why is this?

The abandonment of appeal to arbitrary external authority is, as was pointed out in the first chapter, one of the characteristic notes of thinking at the present time. In the swing away from arbitrary methods of discipline parents have often gone too far, and have found when it was too late that they have thrown out the baby with the bath. From strict discipline resting ultimately on fear they have swung over to no discipline at all; and in thus relinquishing the outward recognition of authority, respectful manner and bearing, deference in speech and behavior on the part of children to their seniors, they have allowed their children to lose the real advantage which the superior experience of the adult should give. In fairness to children they should not be allowed to forget that there are many situations in which adults, by reason of their age as well as wisdom, are better able to decide, and that in such situations the exercise of adult authority is legitimate and necessary. The younger the child the more is this true. A slight element of fear may underlie situations in which submission to authority is unquestioningly conceded, though the ideal situation is for the child to yield because of his confidence in the judgment of the adult. At present parents seem to be seeking a middle ground between arbitrary authority buttressed by fear and an absence of all authority. The early enforcement with children of a reasonable routine of management, which can be established, accepted and continued without the necessity of recourse to punishment, seems to offer the best hope of substituting a positive discipline for the negative one of fear of punishment.

Accompanying the fact that in social discipline the appeal to fear in the child's life is being constantly minimized, there is a conscious attempt to guard children against the formation of irrational fears. Advance in this direction has been fostered by a better understanding of fear and its place in animal behavior and in human development. Child study has helped enormously to give parents sympathetic insight into the fears of childhood. Even so it is often exceedingly hard for adults to envisage a fear situation as it appears from the child's angle. It is well to remember that young children are often incapable of sizing up a situation in the

way that an adult may feel about it. "I like daddy because he tells us such horrible things," was the reaction of one healthy-minded child of seven when her mother protested at the father's reading the details of motor accidents to the children in order to teach them caution. Situations which have for adults a wealth of imaginative association may have for children a much simpler significance. For instance, a child of five years, taken to her first circus, was told by her horrified mother to turn her head away at the moment when the heroine's neck was bared to the villain's sword. Being an obedient child she did so, and then for the rest of her childhood pondered over what had happened. To her it had been simply a curious and interesting experience with no implications of fear or distaste.

On the other hand, children may suffer agonies of fear in situations which for adults have no fear meaning. In such cases the child's fear generally seems to the adult ridiculous, or, alas, even funny. A case in point is that of a child who was being taken to a specialist to have her eyes examined. Another somewhat older child, whose word she accepted unquestioningly, told her that doctors took your eyes out, placed them on a plate and scraped them. This seemed to the child too horrible to mention. By the time she reached the doctor her state of mind was so acute, although she had suppressed the more overt manifestations of fear, that the doctor, having examined her eyes and found that there was nothing wrong with them, went on to say that she was a highly nervous child. The mother, who had never noticed anything of the kind before but did not think of questioning the doctor's dictum, asked his advice. He ordered the child to be taken out of school and put to bed with a course of curative treatment for the condition which had its source in this secret fear. The treatment apparently did her no harm, although it might easily have contributed to the sequence of fear suggestions she had by chance encountered. Not till she was an adult did she confess the reason for the "nervousness."

Incidents such as these should make parents pause before we impute to the child attitudes comparable with our own in emotional situations. Perhaps nowhere, unless in regard

to a sense of humor, is the gap between child and adult greater than in respect of fear. For this reason a genetic study of fear assumes importance in helping the parent to understand what fear means in the child's development, what things the child naturally fears, how fears are conditioned, and how they may be overcome. These points will be discussed in order.

Effect of Fear on the Child's Development.

The effect of fear in the experience of children can best be estimated by considering two contrasting cases. Consider first the picture of a child of five years of age, apparently normal, well built, sturdy, somewhat stolid in appearance. This well-developed physical type contradicts the association of fear complexes with the high-strung, delicate child. Yet when one came to know the reactions of this child she seemed to be a walking bundle of fears—fear of a doctor, fear of a nurse, fear of a camera (associated with the doctor's black bag), fear of high places, fear of other children, fear, in short, of any situation which presented an element of novelty. The origin of such a pervasive attitude of fear may well be sought in terms of an ill-managed environment. Such a case study is not in place at present, our point being merely the handicap under which such a child must labor as she grows up unless this attitude is changed. She may overcome her specific fears, but unless a drastic process of reëducation were to take place, the chances are that the child would carry through life an attitude of shrinking, of withdrawal, of timidity, in the face of novel situations. We would expect then in adult life to find a personality distrustful of her own powers, afraid to venture, apprehensive of what each day might bring forth. This is not the kind of character that one covets for child or for adult.

In opposition to this set the picture of a child who asked at four years of age, "What is fear?" His bearing was confident, he assumed that strangers were kindly disposed towards him, he never hesitated to explore the unknown, he always expected a happy outcome of all his adventures.

Such a disposition conveys an exhilarating sense of the range and possibility of human life, of its richness and enjoyment. Yet here we must pause to ask if we can afford to leave the element of fear out of the reckoning. Life has a nasty trick of throwing those who ride her too loosely. The paralyzing effects of extreme fear can well be rejected, but the steadying influence of moderate fear in the form of caution can hardly be forgone. Early in life the child must learn that there *are* certain situations which must be met with a question—that high places are dangerous, that fire burns and water drowns, that strangers are not always to be trusted. Unless we implant these rudimentary cautions the child may not live to conquer the world. To instill caution without destroying initiative is the parent's problem. The balance of these two ingredients must be nicely adjusted in each case to the disposition and tendencies of the individual child.

How, then, may we describe the value of fear? Undoubtedly, fear in its original forms possessed biological values. The animal surrounded constantly by the dangers of an unknown and hostile world had to be forever on its guard against sudden perils. The characteristic responses of extreme fear, immobility in order to hide, or precipitate flight, had undoubted survival value. In a danger situation the animal must either escape detection or remove itself in order to survive.

In civilized human life certain social safeguards appropriate to the prolonged period of infancy with its correlative care of the young and the more complete integration of social life, have modified profoundly the forces which operate in a more primitive society. For this reason native tendencies to fear are only within certain limits adapted to the situations in which life must be lived to-day. Many archaic fears have to be eradicated and new fears, appropriate to our present stage of development and modes of life, must be grafted in their place. "Being afraid of the dark, and not being afraid of prussic acid or sharp knives, or lye, are among his (man's) untutored manifestations," says Thorndike, in his *Notes on Child Study*. Fear must be learned, as other habits are learned, in relation to the orig-

inal, biologically adequate stimulus. It should be noted, however, that in fear as in anger the field of legitimate and desirable action for the emotion is relatively slight. Fear in its extreme forms is more likely to hinder than to help in the danger situations of to-day; coolness and quick thinking are, as a rule, more conducive to escape. Neither the death feint nor precipitate escape, but adroitness in handling oneself or one's motor, for example, and readiness in anticipating and reacting to the maneuvers of the other driver, are essential to the avoidance of motor accidents.

The literature of emotion concerns itself frequently with the stock example of a man meeting a bear in the woods and the nature of his reactions. No one seems to have pointed out that in encounters with a bear one is likely to approach him rifle in hand, if one is a huntsman; or else as a nature student one may be content to watch, knowing that Bruno is usually harmless if undisturbed. In both cases adaptive understanding has taken the place of the original untutored reaction.

In practice more attention is given to the avoidance of fears and the reconditioning of those which have already appeared in children, than to the implanting of new fears. This is in contradistinction to the training of the positive emotions, or of the appetites, where to a much greater extent habits are the ramification and extension of an existing native tendency.

The Natural Causes of Fear.

Watson's work throws light on how fears commonly arise. He distinguishes, as already mentioned, four causes of fear, which he then reduces to two—loud noises and the withdrawal of support. Broadly, the essential situation seems to be a sudden, unexpected change in the environment. The general characteristics of the fear reaction have been sufficiently discussed—the inhibition of movement or accentuated withdrawal. Merely to predicate these characteristics of original fear, however, does not carry us very far in an understanding of the more complex and derived forms of fear. It was to this further question of how other

fears arise in relation to original fears, that Watson addressed himself in a series of significant experiments with children.

The Conditioning of Fears.

Having discovered the original causes of fear in infants, Watson proceeded to experiment in the conditioning of fears. This work he describes in the chapter on Emotion in his *Psychology from the Standpoint of a Behaviorist.* He first tried presenting furry animals to the child, to test out the popular assumption that this was one of the native causes of fear. The result was negative, no fear reactions appeared in the child. Cats, rabbits, dogs, pigeons were brought into the laboratory and exhibited, but without positive result except in respect of the barking of the dog. Having established that these were not originally provocative of fear reactions, he next presented the furry animal and at the same time made a loud sound near the child, the latter known to be an original cause of fear. The response was a quick start and drawing back, followed, when the experiment was repeated, by the child falling over to one side, and in some cases by crying. By repeating the association of the gong and the rabbit for several occasions, always with intensified response from the child, the association was so firmly built up that the sight of the rabbit alone without the sound of the gong was sufficient to call out the fear response. In short, the child had now been conditioned to a fear of this rabbit. Thus Watson demonstrated that emotions are subject to exactly the same laws of conditioning which have already been reviewed in connection with the appetites. He found further that the fear response thus generated was not restricted to this particular association, but held for similar situations; other furry animals, fur coats, cotton wool, were now fear stimuli for the child, although quite dissimilar objects such as blocks were not affected.

Watson's experiments were devoted to conditioning by association. Conditioning by shock is perhaps commoner in ordinary life. A small child, for example, was attacked

by an old sow whose litter she had been watching rather too closely. She was rescued in time, but for the rest of her life was afraid of pigs. The common example of the horse that shies at a certain point in the road, although the cause of his fear was there only on the first occasion, is the type example of conditioning by shock.

Occasionally one encounters a child or an adult whose whole life is made up of fears—fear of dogs, fear of fire, fear of robbers, fear of old age, and so on down the list. In such cases the victim usually offers a plausible explanation of her fear, a shock in childhood, for instance, but it is probable that this is a rationalization rather than a real explanation. The fears experienced in such range and variety are probably but the manifold expressions of a general mood of anxiety or apprehension. Some fundamental conflict in the life of the individual, rather than any specific objective cause, underlies such an attitude. The search for an episodal cause may be vain—merely an attempt on the part of the individual to shut her eyes to the real nature of her difficulty. Here fear is no longer to be dealt with by the simple principles of conditioning, but is to be regarded as a pathological manifestation which must be treated by special measures under expert guidance.

Social Contagion of Fears.

As with fear so with anger, social contagion is a powerful conditioning agent. If the mother fears thunder her children are apt to share her fears. Even if she attempts to cajole their fears, and "talks brightly about something else all the time," as one mother said, the unnatural strain of such an attitude is apt to be more disturbing to the child than a frankly confessed fear. Sincerity in the long run is the only effective way of dealing with children.

Specific Fears.

A review of some of the common causes of fear in children will indicate the degree to which these are native or conditioned. The fear of loud noises has many ramifications

—facilitated by the imaginative interpretations which so readily attach to auditory stimuli, and augmented by social contagion. Thunder, rain and hail beating on the windows, and the rush and roar of wind, are prolific sources. Observe how Stevenson blends all these physical provocatives of fear in his poem, *Windy Nights:*

Whenever the moon and stars are set,
Whenever the wind is high,
All night long in the dark and wet,
A man goes riding by.
Late in the night when the fires are out,
Why does he gallop and gallop about?

Whenever the trees are crying loud,
And ships are tossed at sea,
By, on the highway, low and loud,
By at the gallop goes he.
By at the gallop he goes, and then
By he comes back at the gallop again.

The music of bands is liked by some children but feared by others. The loud noise seems distressing to them, particularly if heard at night or when alone. Other sensory stimuli, of sight, taste, smell, seem less provocative of fear in children than those of sound or touch, although the former may become emotionally affective through association. Again, the unknown commonly causes fear—the dark, large bodies of water, new experiences of any sort. It may be doubted whether these are universal fears rather than the outcome of learning. Children accustomed to the dark from infancy rarely fear it unless the victims of ill-advised suggestion. Some children show no fear of water, while others can only with difficulty be persuaded to venture in. Every observant parent has noticed the marked antipathies of young children to certain features of their environment and not to others, also how children differ from one another in such matters. This indicates how extensive and varied the process of emotional conditioning is.

With a somewhat older child fear of death is not an uncommon experience. It should always be analyzed with care to discover what is really feared. As a rule the child has

no conception of death in the adult's sense of cessation of consciousness. What he fears are generally the physical concomitants of burial—"being put in a box and the lid clamped down," "being put in a hole in the ground." These are probably fears of smothering rather than of death, and can be met by simple explanations. Death must always retain an aspect of terror even for the adult, but a sensible explanation can disperse misunderstanding and some part of its essential mystery.

Fear of the uncanny is a somewhat specialized form of fear of the unknown. The child who screamed at a branch waving across the window was in the grip of such a fear. Unaccountable action is the cause of the most acute fear to which an adult can be subjected. The opening and closing of a door is a common phenomenon of daily life, but let a shut door open without apparent cause and we would be thrown into a paroxysm of terror. This motive of the unexplained is used freely in all mystery stories and rarely fails of its purpose. This suggests a somewhat different angle from which to regard fear.

Modifications of the Fear Motive.

We have assumed that the fear emotion is always an unpleasant one; why, then, do we enjoy having it artificially stimulated by books and plays of adventure and mystery? It may be simply the contrast of our security with the depicted dangers of the theme, but in sympathy we do actually experience something of the thrill of the real situation. In the *Green Goddess* there is a climax when the prisoners have been detected in the act of sending a wireless message and when only immediate action against their enemy can save them. There is a moment's pause before he is hurled over the battlements. In that moment the audience seemed held in the grip of a fear as paralyzing as any that real people in a real situation could have experienced.

The implication of such induced emotions in regard to children would seem to be that they too enjoy the titillations of a danger situation—provided it does not overstep certain

limits. In games of the chase such as hide-and-go-seek old stirrings of primitive impulses of pursuit and capture rise. Children thrill to such experiences provided the fear does not get out of bounds. Many mild compulsions have this irresistible attraction for children as expressed by Milne in his poem, *Lines and Squares.* So, too, in stories they may enjoy the dangers portrayed. The present tendency to expurgate old fairy tales, to eliminate the villainy of the wolf in *Red Riding Hood,* is hardly in accord with human nature. Such a procedure satisfies the logic of the adult rather than the emotional needs of the child. In *Education and the Good Life* Bertrand Russell comments on this in an interesting fashion. He says that his small boy tended to identify himself with the villain in the story as long as the villain had the upper hand. In other words, it was the *power* motive that was dominant in the child's feelings. Of course, gruesome and harrowing incidents should not be detailed to children, and the resistance of each child must be nicely gauged because individual differences are very marked in respect of resistance to fear. To play deliberately upon the fears of children in order to get amusement from their terror is the part of a pervert.

Unconditioning of Fears.

Following the work published in his *Psychology* in 1919 on the production of fears in experimental situations, Watson, in conjunction with Mary Cover Jones, conducted a later series of experiments in the reconditioning or unconditioning of fears in children who showed definite fear reactions. A variety of methods was tried. Disuse, that is, the lapse of time between repeated presentations of the object feared, proved of little value. Verbal organization —talking to the child, explaining that there was nothing to be afraid of, encouraging him not to show fear, etc., also proved ineffective. Parents should note this as it is the method they most commonly employ. Frequent presentations of the feared object served to intensify the fear rather than to dispel it through familiarity. Social factors, such as ridicule, led at best only to repression of the outward

manifestations of fear; there was more likelihood of the whole group being infected by the fear reaction than of the fearful child being cured by the indifference of the group. Distraction likewise proved ineffective. Mild social imitation, for instance letting the child who was afraid of a white rat watch from afar while other children played with it, had some effect. But the most successful method was the gradual building up of a pleasant association in connection with the object feared. This will be seen to be an exact reversal of the process followed in the conditioning of fear.

The child Peter, who was afraid of the white rat, was given his dinner at one end of a long room. At the other end the rat was introduced so that it could be seen in a basket, and was brought towards the child until he showed faint signs of disturbance. The advance was then checked and the rat kept at that point till the meal was over. The next day the process was repeated, and this time it was possible to bring the rat a little closer. After repeated experiments Peter was able to eat his dinner with one hand while fondling the rat with the other! Here the urge of a fundamental appetite, hunger, was able to overcome a fear because the pleasant associations of satisfaction of the appetite radiated to the feared object, which gradually took on their complexion of pleasantness.

The general conclusion of the investigators is that unqualified success attended only the last two methods, that is, social imitation and unconditioning by pleasant associations.

Practical Rules.

What are the implications of these experiments for the control of fears in children? First, a series of Don'ts in regard to the avoidance of fears: Do not frighten children, do not ignore nor ridicule their fears. There is nothing to which children—or adults—are more sensitive than being made fun of, and the child is peculiarly at the mercy of the adult by reason of his limited experience. Let the child once suspect that you think it amusing that he is afraid to go into a dark room alone and his fear will remain but be

a locked book to you forever. One further Don't. Do not encourage a fearful attitude in a child by being over-solicitous, over-anxious, forever cautioning him about his heart, his lungs, his eyes, etc., or restraining him from every situation in which there is an element of risk. Forbid him, if you think necessary, riding a bicycle on a street dangerous with traffic, but at least let him climb a tree. If we try to eliminate all danger situations we make life stale, flat and unprofitable for the child. Better an occasional bruise than an intact mollycoddle; if the child has spirit, he will evade our prohibitions, taking his adventures surreptitiously, since he cannot have them with his parents' knowledge and consent.

Again, recalling what has been said of the sympathetic induction of emotion, avoid conveying fears to a child by your own attitude. Over-solicitude can do this as effectively as a direct confession of fear. Here again the tensions of the mother subtly convey themselves to the child, and seldom fail to be accurately reflected in the child's behavior. This applies especially to the young child; older children develop critical powers to such an alarming extent that they tend to pour scorn on the fears of the members of their families.

As regards positive treatment: fear situations should be anticipated wherever possible by the building up of pleasant associations in a manner similar to that suggested by Watson for the overcoming of an existing fear. For example, a mother took her child to the dentist. She did not make any false statements about what was to happen, and this was fortunate, as the dentist hurt the child considerably. She was brave, however, and when they left the office the mother said, "You behaved very well; now I think that instead of going home we will go downtown and have lunch together." This was in no sense a bribe, as no treat had been promised for good behavior. It was simply a happy thought on the part of the mother to build up, by praise and an unaccustomed pleasure, an agreeable association with what might otherwise have been an exceedingly unpleasant memory. It fully counteracted any resistance to subsequent visits.

To explain to the child what he may expect to meet in a novel situation is also a useful means of anticipation. Had this been done in the case of the child taken to the eye specialist, much misery might have been spared her. The difficulty is that adults find it so hard to think themselves into the mind of the child in order to know how he is regarding a situation which is plain as day to them.

Again, it is very important, if fears arise, to find out *why* the child is afraid. The causes of childish fears are often so obscure that it is only by patient attentiveness to chance utterances and apparently trivial indications of behavior that the parent can get a clew to the child's real attitude. We have had much to say throughout of the value of sympathetic relations between parent and child. Nowhere is that demonstrated more clearly than in relation to the understanding of fears.

As regards positive treatment, if a child has been through a terrifying experience, encourage him to talk about it in its most favorable light rather than to cloak it under silence or to brood upon it. A child of eight had her dress ignited toasting mallows over an open flame. Though severely burned, a disaster was prevented through her child companion rushing immediately for water. The victim suffered from mental shock as much as from physical hurt. During convalescence she at first expressed dislike of reference to the accident, and showed some tendency towards night terrors, which she had never done before. Tactful emphasis upon her friend's commendable presence of mind, which had prevented infinitely worse consequences, served to attach a pleasurable element to the experience, which promptly outweighed its terrors for her.

It is a curious fact that distressing fears are sometimes wholly forgotten. The memory of the experience is so painful that the mind seeks peace through repression of the incident beyond the power of recall. But forgotten fears may be more deadly in their effects than those that are kept at the surface of consciousness. Accordingly, in dealing with a case of acute fear, encourage the child to bring his fear out into the open and discuss it frankly. To bring the whole unhappy incident to the light of day is the best

catharsis; it eliminates the poison from the system. Repressed fears spread and infect the whole personality; a recognized fear can be faced and dealt with constructively.

Lastly, when a dreaded situation has to be met the parent must lend his moral support to reënforce the child. Reassure the child, not by a sentimental and shielding attitude, but by a quiet, confident expectation that he will quit himself like a man. By one's presence and understanding, even if not by any overt sign, it is sometimes possible to strengthen the child's self-confidence so that he may be able to overcome his fear. It was abundantly proven in the war that not insusceptibility to fear, but the ability to face fear and overcome it in action, was the mark of a brave man. This is equally true of the behavior of children. To admit fear, and then strive to act as if one were unafraid, would seem to sum up the mental hygiene of fear in this respect alike for child and parent.

OUTLINE IX

THE FEARS OF CHILDREN

I. The Origin of Fear:
  Original stimuli—
    loud noises;
    withdrawal of support.
  Conditioning by—
    repeated association;
    shock.
  Sympathetic induction of fear.

II. Significance of Fear:
  Fear patterns include—
    paralysis;
    flight.
  Modifications of the fear motive—
    mild form pleasurable as in adventure;
    caution;
    social fear, i.e. respect.
  Legitimate use of fear motive is slight.

III. Treatment of Fear:
  Adult attitudes—
    seek out causes;
    do not ignore or ridicule;
    give reassurance;
    avoid repression of fears.
  Unconditioning—
    mild social methods;
    gradual accustoming;
    pleasant associations.

IV. References:
  Thom, *Everyday Problems,* chapter x.
  Watson, *Behaviourism,* chapter viii., pp. 132-9.

V. Questions:

1. Describe some specific fear which your child has shown and the cause from which it arose.
2. What things were you afraid of as a child and how did you overcome such fears?

ILLUSTRATIONS—IX

THE FEARS OF CHILDREN

I. *The Conditioning of a Fear.*

(*a*) By Shock.

"When we took my youngest child north at a year and a half she was greatly excited by the water—tried to get out of the boat into the water. When taken on to the dock she tried to get into the water. It is ten feet deep all round the dock, and I knew that some time during the summer there would come the unguarded moment when she would get in. So one day I went into the water and just let her tumble in. She was terrified and *kept away all that summer.* The next summer she had apparently forgotten it all. I could then explain the danger to her and teach her to swim."

(*b*) By Adult Contagion.

"My boy of ten is petrified; if a storm comes on in the night *I have to stay with him.* I have always been afraid of storms myself though I have never said so to the children, and I try to control myself before them. I always have a headache when a storm comes on. My younger children have no fear—they like to watch a storm.

"I know how the fear began in my case. As a child I was taken by my parents to a gathering in the country. A storm came on; the women and children were on the veranda, the men in the barn. As we watched I saw one of the men struck down by lightning. This made a tremendous impression on me. My boy saw a tree struck and that was a terrifying experience for him."

II. *Types of Fears.*

(*a*) Fear of the Uncanny.

"I remember one time when I was about seven, I was staying in the country and, looking up on one occasion, I saw a

cow's head in the gable window at the top of the barn. I screamed in a frenzy of terror. They had great difficulty in getting the cow down. I could not be persuaded to go near the spot for a long time."

(*b*) Fear of Death.

"My child of six heard the other children on the street talking of the death of the grandmother of one of their playmates. Then he saw the coffin being carried into the house.

"He went into a room by himself and cried. When discovered, he asked if everybody had to die. When told that they did, he protested that he did not want to be put in a box, and did not want the various members of his family to be put in boxes either.

"He was told that death was just going to sleep and that only the tired and sick bodies were put in the 'box'—that the soul, the real 'you,' the little spirit boy inside that looks and feels and talks, went up to Heaven to be with God and the angels.

"We enlarged on the beauties and pleasures there, but without much success. We then tried to change the subject, gave him candy, talked about Santa Claus, etc. At eleven at night he fell asleep exhausted. The next day he was taken away to avoid his seeing the funeral."

(*c*) Fear of a Dog.

"I was walking along the street with my child of four when a dog rushed out from a garden barking at him. He had been walking along quietly, holding my hand, but he then gripped it very firmly, trembled all over, and finally became quite hysterical.

"I called the dog to me and started to pat it, explaining that the dog only wanted to play with him. After a few minutes he became quiet enough to pat it, though very gingerly. Since then, whenever he meets a dog he keeps away as far as possible, but otherwise ignores it."

III. *Unconditioning.*

(*a*) By Familiarity.

"It might be interesting to tell about a case with my child who, when quite a baby, was terrified of fur. The particular fur was a black lynx scarf. I would bring it up to him—but not too close, and show him the lovely long soft tail. Finally

he would touch it with one finger. I showed him how it opened its mouth. He absolutely overcame his fear so that this fur became his choicest plaything."

(*b*) By Pleasant Associations.

"B. had never been afraid of the dark, but a little cousin visited us who was, and I feared that B. would learn the fear from him. So I took B. with me into a dark room and said to him, 'Stand still and feel how cozy and warm and soft it is.' I used the word 'velvet.' And B. said, 'Just like your evening dress.' I brought the black velvet dress for him to feel and hung it over the end of his bed. To this day he says, 'Feel the dark.' I had another dress of bright-colored velvet, but he never associated it with the dark. The little cousin also overcame his fear to a great extent by these suggestions."

IV. *Adult Attitudes to Fear.*

"Before my smallest boy was to be vaccinated he asked me, 'What is it?' I had it on the tip of my tongue to say, 'Why, nothing at all,' but I checked myself in time and told him about it. Then he said, 'I asked John and he said it was nothing, so I knew it must be something.' He did not mind being vaccinated at all."

"The other day a mother was bringing a small child, a perfectly bright, active, normal boy, to the doctor. As soon as the doctor entered the cubicle she said, 'Here is some one you do not like.' The child set up a howl and cried all through the examination. Nothing had disturbed him until his mother used those words."

CASE IX

NORA. Age 22 months. M.A. 20 months. I.Q. 91.

Problem as stated by mother:

"Nora will not use the chamber to have a movement. She is terribly frightened and sobs when I put her on. I have had to let her soil her napkin."

History:

Family life:

* Father: Late fifties—successful business man—oldest of six children.

Mother: Early forties—teacher—only child.

Siblings: Older brother.

Others in home: Maid.

Home: House—ample accommodation—comfortable—separate room for children.

Obstetrical history: Normal.

* Developmental history: Lost weight—still a small child—difficulty in feeding.

* Attitudes: Will not sleep unless she has special blanket.

Motor: Late walking.

Speech: Late talking.

Eating: Difficulty in infancy—does not eat heartily but apparently adequately.

* Eliminative—Bladder: Routine began at nine months—still wets in daytime and at night, but apparently improving—must use a chamber without chair.

Bowel: Soils napkin in mornings—will not sit on chair after breakfast—mother stays in room and watches her terrified daughter and then picks her up and dresses her—she tries periodically and then does not place her on chair in morning for a number of days—*mother states that she herself was mortally afraid of chair and knows "exactly how Nora feels."*

Sleeping: Afternoon nap—regular hours—quiet sleeper—occasional nightmares.
Play: Plays with older brother who is devoted to her—demands mother's attendance at frequent intervals.
Sex: No manifestation or manipulation recorded.
* Emotional—Fear: Of toilet chair, dating from when it was first used at seven months.
Anger: No apparent problem.
Self-tendencies: Unusually affectionate towards mother—no screaming and kicking—does not cry easily.
* Discipline in home: Fairly regular hours—no corporal punishment—difference of age between parents the cause of some disagreement—boy is favorite of father—girl is favorite of mother.

Diagnosis:

This is a case where the fear of the child was definitely suggested by the fear of the mother and fostered upon its every occurrence. The child's eliminative functions appeared apparently normal. She is much closer to the mother because of the close attachment between father and son which has at times caused some misunderstanding between husband and wife.

Recommendations:

Place child in chair after breakfast in morning—tie and *leave the room* and close the door as quickly and quietly as possible—wait for five minutes and then remove—repeat this for one week.

Progress Report:

The first morning there was a great outcry which lasted for about five minutes—then quietness—child had a movement that morning and *every morning since.*

Recommendations:

Continue this treatment and in addition use chair instead of chamber for urinating—leave the child alone in the room while sitting on the chair.
Do not allow blanket to be used as bedtime toy.
Persuade father to divide his interest between both children.

Progress Report after three months:

No recurrence of soiling—the child no longer objects—fear seems to have disappeared—does not demand blanket—family situation apparently little changed.

Comment:

In this case the fear had been conditioned to an aspect of the child's life which made it necessary to use heroic measures—the real object of the fear was the evident manifestation of fear on the part of the mother which was removed from the situation. In most cases a more gradual adjustment is advocated.

As will be noted, there are "fears" recorded in a good many of the cases cited. In most cases they are not significant enough to warrant special treatment—ignoring the *need* for fear, a calm atmosphere, an assuring manner, are frequently sufficient. Special treatment for the fear is only necessary when it apparently interferes with adequate social adjustment.

CHAPTER X

TEMPER TANTRUMS

TEMPER tantrums are a normal form of anger reaction in a young child. If what has already been said about anger is recalled, it will be apparent why its manifestations are not unusual in a child. As an infant his wants are simple, and are anticipated to a large extent by those in charge. As he grows older he becomes more widely and closely interested in his environment, and with the acquisition of language and motor control in walking, manipulating objects, etc., his power to explore his environment develops in proportion. But the child's ignorance and inexperience make him quite unable to judge either of the properties of matter or the nuances of social situations. He has to make the dismaying discoveries that fire burns, and sometimes water too. Similarly his first tendency is to treat other human beings like objects, only to find that they have a power of response which inanimate objects do not possess. That is, in his first attempts at exploration the child finds that the world around him does conform to his wishes as readily as it used to do. His growing urge to independence meets with an increased resistance, physical and social. This thwarting provokes its inevitable result, a non-adaptive response in the form of an emotional outburst of anger, and in the normal child the tantrum is its characteristic form.

The tantrum is marked by complete loss of control on the part of the child. Unable to work his will on the persons or things around him, he screams, struggles, gets red in the face, stamps with rage, and in extreme cases may throw himself prone on the floor, sometimes holding his breath till he is blue in the face and exhausted. Of course, not all anger reactions reach this complete and dramatic phase. There are milder forms of resistance on the

part of the child—the "I won't" of disobedience—rather than the complete flare-up of a tantrum. Or again, when, perhaps through fear, the child has learned to repress the more overt signs of anger, one finds substituted in its place sulkiness, stubbornness and general bad temper. This is a harder condition to deal with than the tantrum, because whenever overt tendencies are repressed the response is not really eradicated, it only takes on a less accessible form. And not only are these modified anger responses harder to deal with at the moment, but by being denied immediate expression they are more apt to be driven down till they become a lasting part of the child's personality. It is difficult to make parents realize this, for the reason that a fetish has been made of obedience in regard to the training of children. Yet obedience too often means only the securing of outward conformity on the part of the child, with complete disregard of the attitudes engendered in securing it. If parents would learn to consider such disobedience or defiance in the young child as a mild form of the anger reaction, to be treated as other normal responses should be treated, rather than merely as something to be repressed at all costs in the interest of maintaining their authority, a harvest of sulkiness and bad temper in children might be avoided.

That anger is an original form of response does not mean that it is a useful form of behavior. Indeed, one of the tasks of the parent is to see that it does not become so. Anger on the part either of child or parent always involves some loss of control, which means that the individual is less rather than more able to deal with the situation than he was before. If one pauses to consider what are the possible ways for one to proceed when faced with a difficulty, it will be seen that there are three main ways.

Methods of Meeting Difficulties.

Anger is one of these and the least effective. It amounts to the individual throwing up his hands and his task at the same time. After the spasm has passed he may have worked off enough pent-up feeling to allow him to return to deal

quietly with the situation, but more often he has only exhausted himself in useless rage and is even less able to cope with the difficulty than before. Thus, anger is in the main an unadaptive form of response; the individual does not learn from it, he is merely predisposed to a more ready loss of control on the next occasion. Moreover, like other forms of emotion, anger is apt to follow the "all or none" principle; that is, instead of a moderate degree of anger with exhilarating effects which may increase efficiency, one is much more apt to go the extreme length, completely lose control and say or do exactly the wrong thing. Even in a fisticuff encounter, where anger would seem to be in place, it is the boy who can keep his head, that is, keep his feelings under control and use his wits, who has the best chance to win. On the whole, whenever the individual is faced with a difficult situation, anger seems to diminish rather than to improve his chances of dealing adequately with it.

The second method of approaching a difficulty is by repeated attack, that is, by doing over and over the same thing in the hope that ultimately resistance will be worn down. One sees this in social situations where the parent yields to the child's insistence through sheer weariness and longing for peace. Similarly in using materials, a child is sometimes observed to go on working in the face of physical laws, trying again and again to put his large block into the small hole. This, like anger, is a non-adaptive response. Indeed, its continued use in a physical situation by even a young child would suggest either a low mentality or a high degree of misdirected persistence and stubbornness, the latter presumably due to faults of training. Persistence is only a virtue when reënforced by intelligence.

The third approach is by the method of insight. That is, when the difficulty of the situation is clearly sensed, the individual, instead of losing control in rage, or maintaining a stubbornly unvaried attack, sets himself quietly to analyze the nature of the problem, *to see if there is a way to get around the point of difficulty.* This implies the use of intelligence rather than of emotion or mere brute force. It is an adaptive approach. It allows for progress in learning,

as each new situation, taken to pieces and studied in this way, provides some element of help for other situations. To build up a habit of insight is the most useful substitute for the anger response, in that it involves (1) an attempt to understand each specific difficulty, (2) the search for a way of dealing with the difficulty, (3) the development of a plan by which to meet such situations. A habit of this nature will be increasingly useful to the child throughout life.

The importance of the early learning of some such technique for meeting difficulties can best be understood if we look at the matter from the point of view of the adult. We are all familiar with the person who meets a difficulty by running away from it—generally rationalizing his retreat by some plausible explanation intended to cloak its real nature, which is fear. On the other hand, there is the person who, whenever the pressure of the environment is somewhat increased, goes to pieces with a characteristic anger reaction. No one experienced in working with other people can fail to meet and recognize these forms of response —the rationalization of failure to come up to requirements, and the resentment of criticism, the flare-up over trifles, sulkiness over an added burden of work, or the complete going to pieces in the face of a crisis. People come to be known by the type of emotional reaction which they display under strain. These personality qualities, even more than sheer intellectual gifts, will determine their usefulness in any undertaking. Few of us have learned perfectly to manage our tensions.

Curiously enough, we rarely attribute the cause for such failures in ourselves or in our children to faults of training—rather we interpret them as flaws of constitution or make-up, something due to heredity for which we are in no way to be held accountable. If my child has a bad temper he has obviously inherited it from his father or grandmother, not developed it through lack of training by his mother. But such an opinion may be far indeed from the method of insight. The fact of social inheritance, that is, of conditioning by adult attitudes, must always be taken into consideration. Moreover, we get a better perspective concerning temper, that is, the anger response, as

part of the native equipment, if we would concede that when it persists beyond early childhood in a socially unadaptive form, it usually does so mainly on account of defective training. Individual differences in respect of sensitivity to environmental stimuli, social or physical, must always be taken into account, but this implies differences in degree rather than in kind of reaction.

This forward-looking view, that the characteristic patterns of emotional behavior in adults are the product of a learning process, at once places a new and proper emphasis on the importance of early training in control. If the child's blocks fail to stay in tower formation and he falls to the floor in a rage, we may be amused, but if a grown man destroys the results of a delicate and complicated mechanism because he cannot adjust it to his purpose, our attitude is somewhat different. Yet the one is the logical development of the other. True, most of us learn some sort of control through the rough and tumble of experience—largely because we make ourselves impossible with others until we do learn. Nevertheless, few of us would deny that there was room for improvement, and many people go through life more truly maimed than by any physical disability because they have never outgrown the emotional patterns of childhood. As these are frequently people of brilliant intellectual powers, the fault must be laid largely to training, and particularly to the defect or excess of early discipline. Such training should, of course, begin with the young child as soon as tantrums begin to manifest themselves.

As it cannot be expected that the young child should have insight into his behavior, the parent must at first act vicariously for the child, exerting for him the controls which later he will be encouraged to develop for himself. It is absolutely imperative, therefore, that the parent have good control herself. To understand the *why* of emotional upsets is the first requisite for securing an adaptive type of response in place of the unadaptive emotional explosion. The development of such insight on the part of the parent is of importance, not only for controlling the child, but as a means of controlling herself. In any emotional situation a type of circular response is likely to be set up. For instance,

the adult restrains the child, the child resists, kicking and screaming, the adult becomes angry in turn and punishes the child, the child retaliates with resentment, and so on in a vicious crescendo of temper. Insight on the part of the parent into the mechanisms of emotion will enable the parent first of all to control her own emotions, to remain calm at all costs as though indifferent to the situation, thereby lessening the emotional strain for the child, and also facilitating her ability to control the child. On the first sign of losing her own self-control, the parent who cannot collect herself would be well advised to retire from the scene for a time or at least to wait until, as they used to say, she had counted ten before acting. Mere inhibition of emotion, however, will never take the place of schooling oneself in the habit of maintaining an unemotional attitude and applying the principle of insight.

Predisposing Conditions.

It is time to turn from generalizations to discuss details. But before discussing specific methods of controlling the anger response of children, the conditions which predispose to tantrums must first be reviewed. To prevent may be the most effective means of control. The predisposing conditions are, first, those from the environment, and secondly, those from within the child. Environmental conditions as intrinsic to emotional responses have already been discussed at length and need here only briefly to be recalled.

Inability to manipulate materials to meet one's needs, appetitive or adjustive, has already been mentioned. The parents should see that the tasks to which children set themselves are not too difficult, they should give explanations when needed, and just enough help to enable the child to master his difficulties and yet to retain his independence and initiative. The child must learn sooner or later the ways of the physical world; here intellectual comprehension can always be used as an antidote to emotional thwarting. A small point in passing. The child falls and hurts himself, and the mother sometimes says, "Naughty floor to hurt the baby," or she tells the child to "spank the chair that made

him fall." This is done in a well-meaning attempt to divert the child from his hurt, but it cultivates in the child no understanding of the basic properties of his physical environment. Better let him master those properties at as early an age as possible, and without any implied emotional complications.

Social thwarting is more significant, as it takes a greater variety of forms and is augmented by the social repulsions which anger always arouses. Where children play together a certain amount of strife is inevitable—usually arising when two children try to get possession of a coveted toy. Here rules of play have to be reënforced by adult supervision, though adult interference should be such as to lessen rather than to augment the pressure of the situation. This point has already been discussed under play. More complicated and persistent difficulties such as occur between children in a family situation are less easy to regulate. Jealousy and feelings of inferiority are characteristic non-adaptive reactions within the family circle. These are not pure anger responses; in jealousy, love and anger mingle—a mixed emotion; in inferiority there is fear and the self-negative tendency with possibly other still more complex factors. Such compound emotions lie beyond the scope of our present discussion; they are mentioned to point out how the simple anger response may, in social conflict, modify itself into persistent and difficult forms, if steps are not taken to secure an early adjustment.

Over-regulation on the part of adults—over-insistence on minor points of routine, unnecessary restrictions of the child's freedom—may provoke a tantrum. He feels the stress and in face of it does with all his might the only thing he knows how. In such cases the tantrum is a normal and legitimate protest on the part of the child against over-control. As such it should be heeded by the parent and conditions adjusted to the child, instead of the child being made over to fit the conditions. Interference with the child's activities is a frequent cause of irritation. The child should not be disturbed in an engrossing pursuit without warning being given. Children are somewhat slower in their reactions than adults and should therefore be given a longer time to change over from one activity to another. Thom

points out the value for training in concentration that lies in the child's absorption in his play—it is also important to recognize the frustration and irritation that are likely to result from frequent interruptions. Thom's rule to interrupt the playing child only for meals, sleep or danger situations —and, one might add, for the routine of the toilet while that training is in process—is a safe one to follow.

Failure to understand the child's meaning is occasionally a cause of irritation. This is seen particularly with children whose speech is still imperfect. Patience and good nature on the part of the parent are the only measures possible. Parents should remember that statements which may seem fantastic or meaningless to them are generally quite sensible if one can manage to get the child's point of view. It is always worth while to try to untangle the meaning from what may appear an irrelevant or impossible statement.

Similarly, too, patience must be shown in trying to apprehend the motives of the child's behavior. Things look so different from our point of vantage and it is so hard for the adult to transport himself to the plane of the child's thoughts and actions. Yet, unless a sincere effort is made to do this, it is futile to hope to deal fairly with the child or to realize a constructive discipline. Only criticism that is immanent, that is, criticism which is developed out of the point of view of the offender, can have real value. We must know *why* the child acted as he did, and then deal with his motives, not with his acts themselves, if we wish to change his conduct in a vital way. The child who is persistently misunderstood or ignored is being thwarted more effectively than if we build a wall around him. Only intelligent sympathy can obviate this form of emotional resistance. This is not, of course, to say that there is no place for rules which the child should follow without question or explanation. Such are necessary for the establishment of any routine. Our point is that the whole of the child's life cannot be regulated for him upon a routine basis—he must be allowed to try and to learn for himself, and when criticizing his errors it should be done with understanding and appreciation of his motives.

Social contagion is, of course, one of the commonest causes of tantrums. If the adults in charge, and the mother

in particular, are overwrought, the child is likely to reflect this strain. Even when the mother carefully represses her feelings the child is certain to sense the tension, which will then be reflected in his behavior. Here the cure rests with the mother rather than with the child; indeed, many mothers have told us that when, through reading and study in groups, they came to appreciate the causes and the results of their own emotional tensions, the change in their attitude produced almost immediately a marked lessening of emotional upsets in their children.

When we turn to the child himself, it is apparent that certain organic disturbances make him more susceptible to tantrums than he normally would be. Illness, of course, always lessens emotional control, but this is generally allowed for by parents, unless in the incipient stages of an infection, when emotional irritability may be one of the first indications that something is amiss. It is less commonly recognized that wherever a fundamental appetite remains too long unsatisfied, tension is set up, and then even very slight environmental pressure may set off an emotional discharge, as with the over-tired child.

The natural rhythms of the appetites should be respected, and breaks in the child's routine should therefore be avoided whenever possible. It is often the disregard of a customary routine which precipitates tantrums. The *hungry* child is more susceptible than usual to emotional irritation—hence meals should not be delayed beyond their proper time. If a child is inclined to emotional upsets just before the regular meal hour, some adjustment of the routine in consequence may be desirable. For instance, in the St. George's Nursery School the children play outdoors from nine until eleven o'clock in the morning, and come in then for a period of indoor play till noon, when dinner is served. It was felt that this was too long an interval for the children to go without food, in view of the fact that they had had early breakfasts and been active out of doors all morning. Emotional upsets for the day, mostly of anger, had been found to occur most frequently during the indoor play hour. By changing the routine and giving the children orange juice when they came in from outdoors at eleven o'clock, the frequency of emo-

tional disturbance in the hour following was appreciably reduced.

Fatigue, again, is a common predisposing cause. A parent should be able to gauge the amount of extra strain which a child can safely bear. Over-stimulation in the form of "treats," staying up later at night, extra time for play, new and exciting experiences, should either be avoided or very carefully meted out. Many a parent has taken her child to some show or entertainment which she has considered a great occasion for the child—anticipation has worked the child up to a degree of expectation, then a long performance in a crowded, ill-ventilated theater has followed—the child probably missing her customary sleep in order to be present. Then the mother wonders that the child is restless, irritable and excited, instead of appreciative of her effort to entertain her. Children's parties, unless small and planned by a mother who has insight into the behavior of children, are apt to predispose to emotional upsets. The presence of a group of children, the attention of adults, the games, favors and unusual food, above all, the centering of attention upon the children and their unrestrained amusement, are exciting factors. A well-adjusted child may show no ill effects more than unusual tiredness afterwards, but a child who is easily stimulated is almost bound to show marked emotional reactions—due really to over-stimulation and consequent fatigue.

It will appear from this lengthy enumeration of predisposing causes, inner and outer, that tantrums can scarcely be avoided with young children, no matter how careful one may be. The presence of tantrums in the child of two to three years should occasion no alarm. Indeed, that stage of the pre-school period, because it marks the first attempts at independent mastery of his environment, is bound to be somewhat more stormy than the later stage at four or five years.

The lack of anger responses at the former period would perhaps be more significant of some maladjustment than their presence. It might indicate under-development, either physical or mental, or repression through fear in a harsh, unsympathetic atmosphere when the child had already

learned the danger of expressing his natural impulses. Or it might indicate an environment too readily adjusted to the child, in which all his wants are anticipated and where he is not allowed to experience that amount of thwarting which is a normal ingredient in everyday life. To allow rather than deny the child his right to experience is the best preparation that the home can offer for the rough and tumble of life in the outside world. A strong, self-reliant character can never be developed on a policy of coddling and protecting. It might be remarked that the child brought up alone with adults is the one who is apt to display this abnormal "goodness"—children who are early thrown with other children will never lack occasions for anger. It is probably better to let children early feel anger and learn to control it in a normal way than to guard them from such experience. Strict proof cannot as yet be offered, but several instances have recently been noted of children whose customary behavior was extremely compliant but who, on insufficient provocation, manifested decidedly asocial behavior towards other children, biting, pinching, throwing sand in their eyes, etc. This suggests that repressions caused by a too early adjustment to adult standards of behavior may have had their consequence in objectionable outlets such as this.

It is in no way intended to suggest that we should provoke temper tantrums in the three-year-old child, but merely that we should not be alarmed if they appear. If they tend to increase as the child grows older and if they are marked and frequent in the child of school age, there is certainly cause for concern as this indicates a failure to establish any methods of control.

Underlying Motives.

The first tantrum is an unprecedented explosion of rage which probably surprises the child himself as much as it does those in charge of him. Later tantrums will develop according to the child's experience of the effectiveness of his first efforts. A child will stage tantrums to gain attention. This is probably not done with conscious foresight, but the child who is disparaged in a social situation, who feels

jealous of or inferior to brothers or sisters or playmates, may attempt through tantrums to get the attention he covets from his parents or others. If he cannot dominate the situation by real achievement he can at least get attention by staging a tantrum. Conspicuous indifference to his display is an important maxim of treatment, which usually means putting the child by himself to have his tantrum to his own satisfaction, after which he may rejoin his friends. Disparagement of one child at the expense of another, comparisons, favoritism, are all attitudes that will reap a harvest of emotional disturbances on the part of the child who is at a disadvantage in the situation.

Similarly, if he has found by experience that his parents are disturbed by a tantrum, the child will use it as a means of getting his own way; frequently playing off one parent against the other in such a situation. This indicates faulty discipline on the part of the parents; it also suggests a conflict situation in the home. Thus a child of four whose parents disagreed over her training, soon learned whenever her wishes were crossed to fall to the floor, kick, scream, and hold her breath till the distracted parents gave in to her wishes. They thus came to be united only in disastrous subjection to their offspring.

Methods of Control.

All that has been said up to this point is based on the belief that insight is the foundation of all effective control. But it still remains to point out certain definite measures which should be adopted in dealing with tantrums.

Of these, the first is to provide a suitable outlet for the child's energies so that there may be as little frustration as possible in his environment. The child who has a place to play, proper materials to play with, and freedom from irksome controls, has little time or occasion for tantrums. Refractory materials may call for some guidance in their use, but, on the whole, the child will learn manipulative skill if left to himself, provided he has the material to practice on. Similarly, companionship with other children, while it increases the occasions for social conflict, usually carries its own discipline with it.

If tantrums occur in resistance to the routine they should simply be disregarded and the necessary process carried through regardless of the child's resistance. For example, if a child's diapers must be changed, change them in spite of kicks and struggles. If he must be put to bed at a given hour, pick him up and take him there regardless of his protests. It is amusing to watch large, strong adults stand helpless in the face of the determined opposition of a small child when all they have to do is pick him up and take him where they want him to go. In such handling of a child it is imperative to control our own emotional reaction—to be as quiet and impersonal as possible, so that his rebellion at our coercion may not set up a vicious circle of intensified resentment between parent and child.

This principle of disregarding the child's behavior except to make him do whatever is necessary to be done, is so fundamental that it needs to be emphasized over and over again. It is the secret of dealing with disobedience in the young child. "I won't" for a small child generally means "I don't want to." He knows, or should have learned, that he is powerless to oppose his parent's wishes if they are fixed in a certain course. Yet frequently the parent allows "I won't" to draw a red herring across his trail. He is distracted from the thing which he set out to get the child to do, and turns aside to deal directly with the child's refusal. The real issue is thus lost sight of, and often punishment is dragged in further to complicate the situation. A parent reported that she had taken her child downtown; the child did not wish to come home when the time came, and lay down on the pavement. The parent carried the child home as she did not wish to whip him on the street. Why the whipping? The child's refusal to go home was a perfectly natural clash between his desires and the exigencies of the routine. All that was necessary was that he should be taken home. He would soon learn if this was done consistently that resistance was useless, and a habit of compliance would thus be built up. Punishment would simply confuse the issue, distracting attention from the elementary facts of the situation, and introducing quite unnecessary elements of conflict into a situation which should have been handled without emotional reaction on the part of the parent.

In the management of children in these elementary conflict situations three rules may be laid down:

1. Never demand from the child anything which it is not really important that he should do.
2. Be patient and consistent in seeing that such demands are carried out.
3. Disregard other factors of the child's behavior than the one essential thing, that is, his doing what you have asked of him.

If the parent has reason to believe that the motive of the tantrum is to gain attention she should merely ignore it, leaving the child alone or putting him in a room by himself till he is quiet again. The less said in such a situation the better; indeed, if parents could be persuaded to talk less and do more, tantrums would be fewer and better controlled. There is no danger that a child will hurt himself in a tantrum; even if he holds his breath he will not hold it for long. Throwing cold water over him, or similar remedies, may shock him out of the tantrum, but such a procedure has no educative value; it does not teach him, as does neglect, that he will gain nothing from a tantrum. To leave him strictly alone is the one adequate way to teach him the uselessness of such a form of behavior.

Lastly, but most emphatically, the parent must always look beneath the surface for the cause of the tantrum. Tantrums are significant as symptoms. If they mean the normal strife between the child and his environment, they may suggest merely the need for some constructive help in mastering materials and adjusting to persons. If they indicate too much regulation, then the child should be given a freer rope; if they indicate an attempt to coerce adults, then a tighter discipline is indicated. If, again, the child is attempting to gain attention, the parent must ask why the child feels this lack; how is he being under-nourished in his affections? Here, as in every department of child study, symptoms should be regarded not in themselves but as clews to underlying causes, and to these attention must be directed.

OUTLINE X

TEMPER TANTRUMS

I. What is a Temper Tantrum?
   An anger response.
   Stimulus is some form of thwarting.
   Response characterized by—
      loss of control—exhaustion;
      exhilarating effect of moderate degree of anger.

II. Situations causing Tantrums:
   Inability to manipulate materials.
   Social thwarting—
      normal strife between children;
      rebellion against over-regulation by adults;
      misunderstanding of meaning and motives.

III. Predisposing Conditions:
   Faults of routine.
   Fatigue.
   Adult tensions.

IV. Underlying Motives:
   Desire for attention—
      feeling of inferiority;
      jealousy.
   Desire to coerce adults—
      inadequate discipline;
      parental disagreements.

V. Methods of Control:
   Provide suitable outlet for the child's energies.
   Disregard resistance to routine.
   Ignore overt manifestations.
   Study underlying causes.

VI. References:

Cameron, *The Nervous Child,* chapter iii.
Thom, *Everyday Problems,* chapter ix.

VII. Questions:

1. At what ages are tantrums most common?
2. Mention any methods of control other than those listed which you have found useful.

ILLUSTRATIONS—X

TEMPER TANTRUMS

I. *Causes of Tantrums.*

(*a*) Physical Opposition.

"What would you do when a child of four gets terribly angry every time he trips on the rug? Would you let him kick the floor and rave and tear at articles of furniture? He loves to pick up the rug and throw it under the bed if it has tripped him up. His attitude is that *it is the rug's fault.* I always make him put it back."

(*b*) Misunderstanding.

"My child of two would often try to tell me something, and would say it two or three times. When I could not make it out she would be furious and cry and scream. There was nothing I could do but wait till she could speak more plainly."

(*c*) A Play Situation.

"My two boys, six and eight years old, were making a layout of the city with blocks. The older one disturbed the younger one's road, saying it was not correct. The younger child flew into a rage—tears in his eyes, cheeks flushed, hand raised to strike. He kicked away part of his brother's road in retaliation. I interfered, and in the end each repaired the damage in the other's road and harmony was restored."

(*d*) Fatigue.

"My five-year-old girl was highly excited and very tired after tobogganing for two hours with half a dozen playmates. She ran into the dining-room, all covered with snow, to see what was coming for dinner. This was in opposition to a well-known rule. Then she refused to come out when the maid told her to —and began screaming, stamping, striking out with her hands and running round the table. She had to be removed by force

and was undressed, and told that she did not act like that unless very tired and that she would have to go to bed immediately after dinner. She did not like having dinner in her nightie as then daddy would know she had been naughty."

This mild social disapproval would seem in order here as a child of five should be able to attempt to control herself.

(*e*) Social Antagonism.

Mrs. A. "When going out with the baby I would often be late and have to hurry, and at such times my little boy would become irritable and difficult to manage. It was probably the tone of my voice and my manner which upset him."

Mrs. B. "I find with my little boy that if I let my voice go up he is far more difficult to handle. This is true of both anger and fear. If you control your voice you can quiet the child."

(*f*) A Jealousy Complex.

"One evening my husband and I came in to find the children, five and seven years old, playing on the stairs; K. was sliding on a book-rack of mine. I said rather sharply, 'Oh, don't do that!' She looked round, and her father playfully put his hat on her head. Instead of taking this as a signal for a romp as she ordinarily would have done, she flew into a passion, throwing the hat on the floor and stamping with rage. When she was quiet, and I could ask her why, she said, 'Because you spoke crossly to me when you came in.' We weren't satisfied with that, and I found out by a little more questioning that her older sister, of whom K. is persistently jealous, had done something to annoy her. This, and not what her father and I had said and done, was the real cause of the outburst."

Not the overt behavior directly, but the jealousy situation was what the parents should try to remedy.

CASE X

JANE. Age 3/8. M.A. 3/4. I.Q. 91.

Problem as stated by mother:

"Child is self-assertive, hot-tempered, screams at the slightest provocation, eats fast, likes to play with children older than herself, likes to be with adults."

History:

Family life:
Father: Age forty-one—merchant—successful—youngest of family of three.
Mother: Age thirty-six—high-school education—third of family of five.
Siblings: Jane is an only child.
Miscarriages: None.
Other persons in home: Maid.
Home: Comfortable—house—separate room for child—outside play garden.
Obstetrical history: Normal.
* Developmental history: Kept on bottle till eighteen months old.
Attitudes: Likes older people—has liked woolen things since three months of age—wants blanket in bed with her always.
Motor: Average.
Speech: Early.
Eating: Normal.
Eliminative: Bladder control established at three years: Bowel control established at eighteen months.
* Sleeping: Afternoon nap from 1 to 3.30—grinds her teeth during night-time—throws off covers.
Sex: No signs of curiosity or manipulation.
* Emotional—Fears: None.
Anger: "Sometimes bites hands in rage—started at a few months of age—it affects me very much—I've locked her

in her room—slapped her—coaxed her—reason with her now—it sometimes works"—frequency, two and three times a day.

* Self-tendencies: Dominates and bullies her playmates—screams and kicks—does not mind teasing—never sulks—sucks her thumb at bedtimes and before meals.

* Discipline in home: Regular period of recreation, etc.—mother imposes discipline but inconsistently and fruitlessly —has acknowledged to child that "she can't manage her"—father is indulgent.

Diagnosis:

An only child who has been permitted to dominate the household from birth onwards—temper tantrums are expressions of her means of obtaining satisfaction for slightest wish or desire —parents are not united in their attitude towards the proper procedure to be taken.

Recommendations:

Give as much free playtime as possible.

Remove at once to her room, if necessary forcibly, at the first sign of a tantrum—no corporal punishment.

Establish a simple routine in the home and adhere to it rigidly.

Once a suggestion is made to her it must be carried through at all costs, no matter how long it takes.

Father and mother should read suggested book and come to some agreement about mutual inauguration of discipline.

Records kept of emotional episodes.

Cut down the sleeping interval in daytime to one hour.

Progress:

During examination at the clinic this child refused to do any of the tests—she held out for one hour and fifteen minutes during the first consultation before she would attempt to draw a circle—during the next interval it took thirty-five minutes to get her to sit at the table—she acceded quite amicably at the third interview and went through the tests readily and interestedly.

Records of Temper Outbursts, first three weeks of treatment:

		Apparent cause	Behavior	Treatment
Mar. 2	8 a.m.	Took biscuit without asking	Screamed — threw herself on floor	Lasted about three minutes. I came in and reasoned with her
Mar. 8	6 p.m.	Was refused at meal	Screamed and jumped	I said, "I think I will have to tell Dr. B. how bad you are." She looked surprised and said, "Don't tell him," and immediately quieted down
Mar. 9	8.30 a.m.	Screamed for no apparent reason		I put her in her room and almost immediately she began to play with her toys. When I went in ten minutes later she was quite happy
Mar. 15	11.30 a.m.	Playmates wanted to go home so she slapped one of them	Crying	Reasoned with her—she calmed down. I asked the girls to come and play with her again
Mar. 20	5 p. m.	Girl friends leaving	Threw herself on floor and kicked and screamed	On their departure I spanked her and put her in her room. When I entered later she was still crying violently so I took her in my arms and promised not to do it again

Comments:

As can be seen from reading this report from the mother, she has changed her attitude very slightly—on only one occasion did she do what she was advised to do, and even though it was successful she still followed her old inconsistent method. When this was pointed out to her she said, "Oh, I get so impatient and on that last day I was just done out." She was then told that if she wished to use her child as a foible for her own emotional outlets it would be impossible to go further in the treatment—she realized now that we were not just "treating

her child" but educating her, and being an intelligent mother saw the force of the argument, with her own record serving as the text.

Progress Report:

There was only one serious outbreak of March 25, which was dealt with as advised with excellent results.

April 26: No actual outbreaks since last report—no screaming—"I am leaving her alone"—"She is beginning to use outrageous language."

Comment:

It is a question how well this mother has learned the lesson—she has apparently used a rule-of-thumb method for dealing with the emotional episodes, and with a good measure of success—but she has now picked upon the "bad language" behavior as a point of attack.

A course of reading was prescribed and this girl will be the object of further observation.

Progress after nine months:

Still quite satisfactorily adjusted—mother has promised to ignore the "language" episodes and simply show no reaction except one of indifference.

PART II

PRINCIPLES OF MENTAL HYGIENE AND CHILD STUDY

CHAPTER I

WHAT IS MENTAL HYGIENE?

A. *EARLY APPROACHES*

To-day mental hygiene is a subject of compelling interest but in the public mind the term has various meanings which often lead to confusion. To some it connotes only mental disease, the care of the insane or the mentally deficient, and is regarded as the province solely of the psychiatrist; to others it is synonymous rather with mental health and is thought of as a discipline of life which is of value for all members of the community. Between these two extremes may be found other shades of meaning both within professional circles and outside.

The reason for this uncertainty and ambiguity is not far to seek. The concept has not kept pace with the progress in outlook and practice that has actually taken place. The mental hygiene movement is modern but its antecedents carry back into a long history, and as is so often the case with a developing conception we incline to interpret it wholly in terms of some earlier phase or particular aspect. All living phenomena change and mental hygiene is very much alive; ideas now embodied in the conception should not be masked by earlier accidental associations. To keep changing conceptions up to date is a proper function of education and this is especially pertinent of modern views concerning public health of which mental hygiene is a part. Certain similarities between the physical and mental aspects of the earliest interest in public health measures are here instructive.

The Early Curative Interest.

As one aspect of general medicine attention towards matters of public health took much the same direction on the mental side as on the physical, the tendency being always to study more closely and comprehensively the individual. In both cases attention was first focused on outstanding and blatant disorders which compelled action on behalf of

the community. Thus the pioneers in the field of physical health were concerned first with the virulent epidemics that from time to time devastated communities. Later they concentrated upon general measures for the prevention of disease, such as the ensuring of pure water and pure milk supply. Here the value of the public health movement was more or less easily demonstrable because of the conclusive nature of its results—the elimination of typhoid following sanitary sewage disposal, smallpox reduction through vaccination, eradication of yellow fever, etc. Eventually, the basic if somewhat less dramatic problems of maintaining the positive physical well-being of the individual under ordinary circumstances came to receive the close attention they deserve.

Similarly on the side of mental hygiene, interest was first aroused in relation to severe mental disorders. Here, only after centuries of irrational and even cruel handling was the more humane care and treatment of the insane accepted as a point of departure. The insidious and long-drawn-out development of many of these mental conditions was largely responsible both for the profound ignorance which has continued to prevail concerning their incipient phases, and also for the striking lack of progress in therapeusis since the days of Hippocrates. In fact, as Professor Farrar has stated in discussing *Origins of Psychiatry,* the main types of treatment suggested for the insane in Hippocratean medicine differ from those in use to-day only in nomenclature. Thus throughout the long past it was not until the individual had suffered mental illness to an advanced stage which necessitated his withdrawal at least for a time from society, that he was regarded as a suitable subject for medical ministration. Similarly also with the feeble-minded, attention came first only in the form of incarceration. Meanwhile in this whole field such study as was given to these conditions remained therapeutic or ameliorative in outlook; the idea of prevention—the keynote of mental hygiene in our generation —had not yet arisen.

The New Emphasis on Prevention.

It would take us too far afield to trace in historical detail the change in point of view from this older emphasis on

treatment to the more modern interest in prevention, with education as a means to this hygienic end. It is important, however, that this change should be kept in mind since it constitutes a marked departure in method. A first step in this direction came about largely through the more careful analysis of individual histories which pointed more and more clearly to the fact that the clinical conditions under immediate scrutiny had their roots far back in the life history of the individual. There seemed to be discernible a mental sequence in which early symptoms, long forgotten or overlooked, came to be recognized as important stages in the process. The important point, for example, about a condition frequently diagnosed as "nervous exhaustion" now appeared to be not the present neurological or physiological state but the fact that the individual had now reached an impasse in a long series of social situations inadequately met. The poor physical condition of such a patient might itself be a result rather than a cause of this inadequacy in adjustment.

This broader approach towards the individual consisted in extending the study of a case *backwards* from its developed clinical form to the earliest incipient stages of the disorder in order to uncover the whole sequence of events. This was an approach borrowed from the realm of natural history and now introduced into the sphere of mental medicine. It meant that to understand a clinical condition required more than to know its present state. We must ask not only what the condition is, but, how did the person get that way? Emphasis upon the *genesis* of mental disorder thus became uniquely important not only for insight regarding the individual's present state with its antecedents but for what might reasonably be expected of his future progress. The backward survey should blend with the future outlook—diagnosis with prognosis. A patient's present difficulties or symptoms are not the only or even the main objective for study; they are strictly incidental as merely one part of the life series, which latter must be studied and dealt with as a whole.

A first advantage of this broadened outlook upon the life history of mental cases will now be clear. The earlier curative outlook had seen only the present acute condition and

had sought some specific cure for it. Such cures had proved illusory. Nevertheless a curative process was possible; that is, the patient under guidance might "learn" to readjust himself to an environment sufficiently simplified. In other words *education* was to be a key-note of cure.

Great as was this contribution it had not yet arrived at the idea of prevention. The natural history approach as above applied began always from an acute or clinical condition and tried to understand it in terms of a backward study towards a stage when the individual had been more adequately adjusted. The procedure was essentially in the direction of a mental post-mortem. This working backward, however, from a fully developed mental disorder to its incipient stages is an undertaking fraught with difficulties, theoretical and practical. The early experience of the patient has to be reconstructed on the basis of memories of childhood experiences, often uncorroborated from any outside source. Also under these circumstances accurate information concerning the early environmental influences may be almost as difficult of verification and evaluation. One's reconstruction therefore remains in considerable measure theoretical rather than a matter of observed and recorded fact. The question consequently arises, is it not possible in principle and in practice to apply the natural history conception in the forward-looking direction and to study the life development of individuals as it actually occurs from the earliest stages onward?

The Forward-looking or Longitudinal Interest.

This was the next logical step in outlook which is to-day becoming the central thought in mental hygiene study. It lies at the basis of the present great interest in child study. Beginning with the young child his development through successive stages can actually be traced in factual terms and the principles of adjustment can be scientifically studied. Under this way of approach whenever abnormal forms of behavior appear the actual phenomenon can be studied at first hand and followed as it progresses from its earliest appearance in the individual, instead of having to be hypothetically reconstructed from later adult life. Thus in chil-

dren, tantrums, negativistic responses, introversion, tics of all kinds, nail-biting, enuresis, restlessness, early asocial tendencies, etc., are now being observed and evaluated, in order that the findings may be checked against future developments in the given individual and in comparable cases. Moreover, when measures of treatment are required the procedure will be educational as before but with this difference that the first requisite will now be to know what behavior is typical or normal in order that we may recognize as significant those deviations which might lead towards mental ill-health. One is then in a position constructively *to prevent* such an outcome, namely, by modifying the situation and thereby the individual before it is too late. It is not enough to wait for trouble to arise; we must anticipate it, and by means of an adequate plan of training as far as possible ward it off.

There is no stage or condition in human life from the cradle forward where vigilance of this sort and intelligent training may not achieve some measure of reward. Even in mental hospitals it is coming to be recognized that the main objective of treatment is to motivate patients, unable for the time to carry on in society, to function again as normally as they can in an environment of occupation adjusted to meet the needs of the case. From the standpoint of preventing a more serious outcome, therefore, the problem and approach are in principle the same whatever the individual's age and whether the setting be the nursery, the public school, the college, the community or the hospital.

This reversal in method from a backward tracing to a consistently forward-moving search in the life history of the individual fundamentally alters both the field of investigation and the procedure by which one looks for first principles. In the former case those who were already marked as the victims of mental incapacity or disease were singled out for study. In the second case it usually is not possible to distinguish clearly those individuals who later may manifest psychotic trends; we must first study a representative sampling of the community in order to discover, if possible, what factors predispose in that direction. But the full import of the forward-looking plan carries us even farther

than this. Its real objective is not to be a method of studying the anomalies of behavior but rather of studying *all behavior* with emphasis always upon the developmental aspects. Thus, while mental hygiene, with prevention as its goal, will always be interested in the problems of human adjustment, whatever the age or state of the person, it is a mistake to conceive it as a discipline designed for invalids or abnormals. Its preventive outlook is positive and pertains to all. In short, its first and fundamental interest is to understand the *normal processes* of individual adjustment and their variations at all stages in life, extreme cases being merely special instances.

This forward-looking approach which aims to study the individual as he passes from one stage to a later, and to gauge the influence of succeeding experiences and circumstances, we term *longitudinal* approach. This we interpret to be the central thought that now characterizes the mental hygiene movement. As we shall try to show, it aims to picture the course of adjustment developmentally and hence is *genetic* in conception. For that reason we have distinguished it from the post-mortem or backward looking view which is also educative in outlook. It is likewise distinct from what may be termed the "cross-section" method which aims to study a larger number of cases selected as illustrative of some particular point in development. In scope the longitudinal plan embraces all types, but it seeks first to discover what is typical before endeavoring to deal with what is exceptional. For deviations which might develop into maladjustment it aims to formulate preventive measures based upon principles of training and education but this again presumes a knowledge of the essentials of mental health.

A Positive Program for Mental Health.

The shift from specific cures to measures of prevention has involved as a final step the envisaging of a regimen of positive mental health. Early workers in the field of mental hygiene rather naïvely assumed such principles to be self-evident or that their application was of little consequence for the great majority of individuals. On the contrary, to

formulate such principles through scientific study and to educate parents and others in the application of them has now become one of the main tasks of the movement.

This change in the meaning and emphasis of mental hygiene is only slowly percolating the public mind, but when one considers the progress it has made in the last twenty years as contrasted with the twenty centuries preceding, the future is not unpromising. One can detect at the present time in many quarters an interest and expectation in regard to mental hygiene programs, based, we believe, on this expectation of guidance in the formulating of a constructive scheme for the management of life. We do not know ourselves and the workings of our minds simply through the fact that we have a mind any more than we understand the workings of our body and how best to control it simply through having a body. But *know thyself* is to-day taking on a new significance, leading us haltingly, yet none the less surely towards a broader conception of health based on a fuller knowledge in which all sides of our individuality will be taken frankly and fairly into account. What, then, are some of the main points that are coming to be appreciated as the basis of this positive program?

The Importance of Environment.

In the first place, the forward-looking or longitudinal conception has led to a new and increasing emphasis on the importance of environmental factors as contributing, if not the original causes, at least the occasions and determining conditions of many types of inadequacy and of mental disturbance. Once the field of mental health was taken out of the hands of demon-chasers and witch burners, and released from the ball and chain of "heredity," environmental factors could be considered in a correspondingly important light. Attempts towards prevention through environmental control then became a possibility, and the whole outlook in regard to the cause and course of mental difficulty was thereby rendered a more hopeful one. Even in the case of feeble-mindedness, which usually involves an intrinsic or organic failure of mental development, this conception is not without effect, for here there is the task of ascertaining the capacities

of the individual, such as they are, and of adjusting his environment to suit and in some degree to offset those limitations. Mental disease, on the other hand, in many of its forms, is rather a disorder of the personality than of the intellect, with serious maladjustments of the emotional life, and these are admittedly factors susceptible of control through external influence to a degree that intellectual capacity is not. The influence of environment, however, even on intellectual development, is a field in which inquiry may still reveal interesting possibilities.

When Is a Person "Normal"?

In the second place, besides sounding the hopeful note of prevention, the emphasis on environmental factors tends to break down the artificial distinction between "normal" and "abnormal" which has long obtained in the minds of the laity and sometimes of experts as well. No longer could the community be thought of as divided into two great classes, the normal and the abnormal, the former at large functioning in society, the latter shut off by themselves and denied the ordinary activities of every-day life. For practical purposes of law and safety some such rough distinction might have to be maintained as regards the ability of any member to function satisfactorily in society. But in terms of critical and scientific study it must be recognized that in the life of any individual so-called normal and abnormal trends are always blended. No two individuals are constituted alike. Take what capacity one will, the individual is found to possess it only to a certain degree, great or small; he might in that particular resemble closely the majority of his fellows or differ from them widely. Moreover, the individual is by no means constant in the amount of any one quality or characteristic he possesses, each of us is more despondent or happy or irritable or facetious or intelligent at some times than at others. Again, variability is greater in some characteristics than in others, in emotional behavior rather than in application to one's work, for instance. Thus it is apparent that the delineation of a *normal* person is a difficult task. It would involve first an enumeration and classification of human traits, secondly, the devising of a scheme to

measure those traits, and thirdly, the study of a sufficient number of people to find out the relationships between these traits and the degree to which they may be modified in the course of development. It is apparent that if an individual were found to be *average* in *all* traits he would be far from normal. The *normal* cannot as yet be defined otherwise than in terms of mathematical symbols; and a mathematical *average* means merely that which is most commonly the case. In lay language this simply means that the individual is normal who is like most other people with respect to the trait under discussion.

In general no sharp distinction between normality and abnormality can be drawn. There is no rigid boundary but at best a fluctuating point which rises and falls according to the criteria one adopts, and particularly according to the pressure of the environment and the resistance to it of the individual. War neuroses had emphasized this as true even of the strongest of us; every man has his breaking point if subjected too long to environmental pressure, though individuals differ markedly in their resistance to strain. To study the individual in order to determine how much strain he can probably bear is thus a pertinent question; and for mental hygiene the task is to develop in the individual powers of resistance to strain, a technique for dealing with those difficulties which beset the individual in relation to his environment.

Put in this way and carefully considered, the question, What is mental health? is easier asked than answered. Rather than being self-evident it stands as a challenge to science as well as to every-day practice. In seeking an approach by which to come to grips with this question we shall first discuss the genetic angle which we believe to be important, and also certain idols of the cave and market-place which should be avoided.

B. *THE GENETIC CONCEPTION*

If what has been said in the foregoing section is accepted we may proceed on two assumptions, first, that the attempt is to be made to trace the development of behavior from its beginnings through the life-history of the individual, and

secondly, that our study is not to be limited to cases of mental abnormality but is to be directed to the discovery of what is normal or characteristic in the various stages of behavior. These aims necessitate turning to the life-history of the individual in order, from the confused mass of impressions and happenings there presented, to evolve some scheme for the systematic analysis and evaluation of human behavior. But the life-history of one individual alone is not enough; to attain reliable generalizations one's method must be such that the findings concerning the adjustment processes for one individual may be significantly compared with those of others.

When one contemplates studying the life of an individual, the phenomenon presents itself as a succession of events beginning, shall we say, at birth, and extending in an unbroken sequence until death. But even these end-points in the series are artifacts, for at the beginning there must be inserted those earlier events of conception and pre-natal life, and behind these, of the transmission of life from the germ plasm of the parents. And similarly, at least of the individual with offspring, one cannot strictly say that the life has come to an end when physical death overtakes him since he has already begotten a new life in the process of living his own. We have thus, in order to commence, to make a selection, either of a single life-span or some portion thereof, and various considerations arise to determine one's selection and procedure for purposes of concrete study. Let us first consider in turn a trilogy of beliefs, which, whatever partial truth they may contain, nevertheless exert a prejudicial influence upon what we feel to be an adequate genetic outlook.

Biological Determinism.

The question at once arises, "Is any one part of the life series uniquely important as a means of explaining the rest?" Those who emphasize the importance of heredity in the life of the individual frankly put the weight of influence on the very earliest biological events of the life-history as largely determining its whole subsequent course. The doctrine of heredity, often misconstrued in the popular mind, then be-

comes a kind of determinism in terms of which the nature and potentialities of the individual are fixed at conception, so that from that time onward the life-process is merely the unfolding of "inherited" qualities, not the growth of new ones. Against such a view common sense as well as a sane interpretation of the meaning and application of the laws of inheritance, must actively protest. It need only be pointed out how extremely difficult it is to distinguish what is inherited from what is acquired, to give us pause in framing an outlook mainly in such terms. Even of physical characteristics commonly accepted as conforming to Mendelian principles, this distinction is often difficult to draw. Thus stature might be considered a heritable trait according to Mendel's experiments, yet pediatricians properly insist upon the influence of an environmental factor such as defective diet in stunting growth, and with changes of diet they often produce remarkable changes in stature. On the whole, the simpler the organism, and the less alterable its relation to its environment, the more confident one may be of being able to trace the transmission in the large of certain physical traits according to Mendelian proportions. But neither man nor his environment is simple; nor are human beings ever experimentally bred for the sake of special traits or capacities. Accepting from the biologists the problematical character of the inheritance of most physical traits in man, it must be recognized that on the psychological side the positive evidence completely vanishes, for example, when we turn to traits of character, temper, selfishness, honesty, and the like. These and other complex patterns of behavior cannot be regarded as heritable unit characteristics; rather they are built up through the action and interaction of the individual with his environment.

Our reasons for stressing the dangers of misconception regarding doctrines of heredity in connection with mental hygiene study are not merely theoretical but intensely practical. Frequently there has come to our notice in consultation the relief expressed by parents on being assured that their belief in the hereditary basis of their child's behavior is not founded on scientific fact. Their whole attitude towards the child and the situation is often radically modi-

fied by this elementary piece of information; optimism and coöperation are thus generated where only hopelessness or rationalization had prevailed. We have, of course, no desire to belittle the importance of heredity in man with respect to points that have been scientifically demonstrated, but in the interests of accurate investigation as well as of mental hygiene problems we strongly protest against those claims of either expert or layman which attribute any fruit to the family tree which has not actually been demonstrated to belong there. Mere over-belief in this connection on the part of parents or relatives may become too paralyzing as an environmental influence for the point to be allowed to pass without challenge. In fairness the burden of proof should be made to rest with the advocates of the doctrine of heredity. In practice one has to take for granted the equipment of the individual as presented at birth and then seek for those environmental factors which may best control the outcome.

Psychological Determinism.

If, however, we are liberated from the bondage of biological determinism, we should beware lest we fall victims to the newest idol of the cave, that type of psychological determinism which sees in the early life of the child decisive episodes which are to govern his whole later life. This view of the determining significance of early experience is much in vogue at present, even with those who most loudly decry the biological form of determinism. It is important to ask how this view has arisen and what evidence is advanced to substantiate it.

Undoubtedly the claims of Freud in regard to psychic traumata of early childhood as causes of adult neuroses have largely fostered a rather uncritical assumption in regard to the formative influences of early childhood. But the Freudian method is scarcely susceptible of confirmation or proof. If one does not arrive at the findings and conclusions of the analyst, it is said to be because one is not fully initiated into the proper technique, or perhaps because one requires to be analyzed oneself. But the facts of case analyses by this procedure are very difficult to verify or inter-

pret. Uncover a patient's experience by what means you will, hypnotism, dream analysis, free association; select some incident and suggest to the patient that that occurrence is the clew to his disorder, and, provided he believes you, this may do as well as any other instrument to effect a change if not a cure. In such an approach there is no way of guaranteeing that the actual train of causes in the patient's life is faithfully portrayed in the analyst's reconstruction, or of knowing exactly what mental processes are really brought into operation, or whether an episode of the sort alleged was actually responsible for the consequences attributed to it by the analyst. In fact, belief rather than the ordinarily accepted process of scientific verification is here the basis of appeal. In distinction from this, unless one can demonstrate a causal series, not hypothecated by this type of backward tracing, but followed forward step by step through a history of the recorded observable facts of development, one cannot hope for anything approaching proof of the significance of particular early experiences in the life-history of the individual. Patient research, with an adequate technique for continuous longitudinal study from the earliest years alone, can furnish data for a scientific conclusion.

Developmental Determinism.

We shall return presently to the latter point in connection with the period of childhood as being strategic for a starting point in mental hygiene, but it is perhaps not amiss at this juncture to remark that in some respects at the present time the claim of unique importance concerning the early years of childhood is being a bit overdone. It is, in fact, threatening us with still another idol in the form of what may be called developmental determinism. To see things in terms of their origins and sources is helpful, but after all we cannot subsist on a breakfast dealt with entirely from that angle, we must also get the meal and eat it. It is small comfort to those whose children are past that stage to be told that the basic patterns of character are laid down in the first two years of life; moreover one does not strictly know how far such a statement is true. While childhood is important it is not the only period in the life-history of the

individual that should be so regarded from the mental hygiene standpoint. Indeed, the widespread emphasis today upon childhood as the great period in the making of the individual is causing a blight of pessimism in the minds of those who have passed well beyond that period. The present vogue for child study is only one of many influences in our generation that combine to make persons of middle years wonder whether on the ground of years alone they are not irretrievably on the down grade. James in his classic chapter on "Habit" emphasized the set of character once and for all in the middle twenties. The dictum popularly attributed to Osler concerning our uselessness after the early sixties was another blow. Psychology and the biological sciences have busied themselves in defining the various "ages," mental, physiological, dental, arterial, etc., which man in his complex nature is heir to, and have contrived in most cases to place the maturity point relatively early in man's allotted span of years.

These and other like conceptions have taken on a sinister complexion for many persons notwithstanding the fact that public health measures have actually lengthened the expectancy of length of life. Men see themselves growing old while apparently still in their prime. The possibility of new adjustments is surrendered as an illusion. Life is a way up and a way down, and the turning-point is early. At the first sign of weakening in any function, the need for glasses, or the inability to sleep after a cup of coffee, they see the handwriting on the wall and feel that all their capacities are doomed. One has only to be in a position to receive the confidences of normal healthy persons in mature life to realize the prevalence and potency of this fear and to see how it may sap the energies and courage of men and women. Professor Thorndike, however, has sounded a new note in his recent experimental work on learning in adults, when he demonstrated that the ability to learn decreases through the middle years of life by increments so small as to be practically negligible. The enthusiasm with which these results are everywhere being hailed demonstrates the truth of our claim in regard to the paralyzing effects of the older views of man's inability to change. What adults are seeking to-

day is assistance in the way of information and a point of view concerning the *principles of mental health appropriate to their years and background of experience.*

To be in a position to meet that demand with a body of useful knowledge should be a main task for the mental hygiene of the future. The necessary information does not at present exist, but the way to accumulate it seems apparent; as has already been indicated it will mean the careful observation of many individual histories through the various decades of life. Such evidence as exists points in the direction of the possibility of fruitful modification of adjustment *throughout* the life-series, this to a greater degree than has hitherto been thought possible, provided the individual is motivated to create and utilize environmental opportunities.

The deterministic point of view, be it biological, psychological or developmental, consists in allotting a decisive significance to some special point in the life-series, whether that point be conception, early childhood, or some crisis preceding middle age. Provided such a conception is accepted, this belief in itself becomes a controlling environmental influence which does in a real sense detrimentally affect the course of action of the individual. What mental hygiene demands is not postulation of the uniqueness of any part of the life-series but rather investigation to determine the significance and interrelations of the various stages.

Stages of Development.

In thus emphasizing the genetic or developmental approach for purposes of mental hygiene study we wish to impress, therefore, that not any one part, early or late, but rather the whole life-cycle must ultimately be the objective. But in practice this does not mean that special segments may not be taken for examination. Indeed this becomes an obvious necessity, because any attempt to deal with the whole as such leads only to confusion and superficiality.

How may one best segment the life-span of the individual for purposes of study? Probably the time-clock basis in terms of years, or of decades for the later portion, is not an adequate plan of division because of the varying rates of

development and the gross chronological displacements of crucial periods in the lives of different individuals. Casual survey of the outstanding events in the life of man will probably not afford us any better basis than that in the lines which Shakespeare put into the mouth of Jacques in regard to man's seven ages. The critical points in ontogenetic development do not greatly alter throughout the centuries even though we may find newer and less richly colored language for their description. Thus one possible basis of demarcation might be:

The pre-school period
The school age
Adolescence
Marriage
Parenthood
Middle life
Old age.

Each age has its characteristic problems, and the successful adjustment during one stage is the best guarantee of a corresponding success for the individual in the next. From this point of view, as was said before, the very priority of the first period gives it unusual importance. Thus it is less likely, though not impossible, for a person who has had a maladjusted and unhappy childhood to be serene and happy in later life than it is for one who has early learned the lessons of successful adjustment. Nevertheless, the complexion of events may at any time be changed by the incalculables of environmental influences. It is, however, the interrelation of the successive stages and the importance of giving due weight to each part that must be emphasized as the fundamental note in the genetic approach.

C. *GENERAL CONSIDERATIONS CONCERNING METHOD*

In the preceding sections we have tried to indicate two important ways of studying human behavior, the first by following the life-history of a given individual from birth onwards in order to discover causal relationships within the time sequence; the second by taking one stage or level of development and studying its manifestations in a number of individuals in order to discover representative charac-

teristics. These two methods and their interrelations must now be discussed in more detail.

The Longitudinal Method.

If one begins at the beginning and follows the behavior of a given individual throughout life it is apparent that one is dealing with a continuous series of events, each leading up and merging into the other. Various aspects of this continuum may be emphasized according to the angle of interest. If one thinks in terms of *origins* the importance of tracing every full-fledged form of behavior to its earliest manifestations is emphasized; one then speaks of the *genetic* approach or the *genetic method.* If the emphasis is not so much upon the tracing of mature to incipient factors as upon the increasing complexity and integration of structure and function as the series progresses, the procedure is properly described as the *developmental method.* When we wish to emphasize the continuity of the series, its unbroken sequence from the arbitrary ends of birth to death, we borrow a spatial term and speak of this as the *longitudinal method.* Since this seems to be the most distinctive feature of the life process in contrast with others, we have chosen mainly to use this term, although "genetic" and "developmental" will sometimes be used as synonyms.

The longitudinal method, because of the practical difficulties of its application, depends on the use of relatively few cases. It must be thought of as a projected rather than a proven method; an enterprise in which the first steps are only recently being taken rather than a technique which can already be justified in terms of demonstrated accomplishment. A questioning and experimental attitude is therefore the legitimate one in this case; the method must justify itself by its fruits. But hasty results must not be demanded as in the nature of the case some interval will be required for proof of the validity of any scheme which is concerned primarily with an analysis of the time factors in a situation. Psychology, however, is not the only field of science in which this approach has brought a new flood of light; its effectiveness for many of the biological sciences is now well recognized. Mackenzie's classical work on heart condi-

tions, to instance a clinical example, was achieved by the painstaking clinical observation and study of the progression in faulty heart action of given patients over periods of many years. In like manner the particular question to which this method addresses itself in our field of mental hygiene is therefore, How far do events prior in the life-series exert a determining influence on those which come after?

We have already protested against the present tendency to attribute to mere priority a greater significance than can be borne out by an analysis of the facts. The opinion that early experience influences later behavior, that sex shock in childhood will have its reverberations in similar trouble in adolescence, that pain, bereavement, fears, experienced in early life *necessarily* leave psychic scars which must be apparent in the adult is not yet conclusively proven, although, taken in the large, this is supported by a good deal of indirect evidence. The only adequate proof would be on the basis of life-histories which record as carefully as possible all those events as they occur which may later be judged and evaluated in terms of subsequent happenings. Thus the events of childhood get their final interpretation, according to the longitudinal method, in the light of social adjustments attained at puberty, at adolescence, or in adult life.

The limitations of such a view, strictly interpreted, are at once apparent. Pushed to its logical extreme, it would mean that we must wait till we are dead to know if we should ever have been born. This simply means that the longitudinal method should not be used in isolation, but should be combined with a second "cross-section" method which we shall discuss below; a method which within its own limitations gives a way of evaluating the progress of the individual at any given point in the life-series. Moreover the complexity of the factors to be estimated calls also for a selection and discrimination among the various elements that make up the total of behavior. To follow the longitudinal figure of speech, experience must be cut into *strips* and each strip studied by the same method. Thus language, motor learning, suggestion, memory, emotional traits, etc., may be singled out and each in turn studied longitudinally. Then, just as the physiologist, after studying various processes in

isolation, assembles all his data in order to depict the functioning physical organism, so must the worker in the field of behavior recombine the various strands of development to get a sufficiently complete view of the total personality.

The Cross-section Method.

While it is important to think of behavior in terms of a continuum, it must be recognized that no temporal series as extensive as human life can profitably be studied as a whole. Life flows continuously, but our conceptual thinking can deal only with arbitrarily chosen phases of behavior. It becomes necessary, therefore, to select from the total course of experience certain parts to which to apply certain techniques of observation and analysis. We cut across, as it were, the continuum of experience, and lifting out a section, subject it to special investigation. This *cross-section method* largely ignores the time sequence which was fundamental in the longitudinal method. It looks for causes, not in a before-after relation but rather among events coexisting at a given selected level of behavior. The longitudinal method, restricted in its breadth of range, may now be reënforced by the more extended possibilities of *comparison* inherent in the cross-section method. When from relatively few cases studied longitudinally the crucial points of development have been selected, these may then be studied intensively in a representative sampling of individuals, who, by some rough estimate such as chronological age, would seem to be at about the same point in the life-series. Comparison thus corrects and reënforces the findings of the genetic method, and the same principle holds true for the infra-human species as with man.

Team-play in Methods.

The longitudinal and cross-section methods should be thought of not in opposition, but rather as supplementing one another. Development becomes apparent, not by inspection of a continuum as such but when we take cross-sections at various levels and apply quantitative measurements to these. Thus a child's progress is realized not so much by watching his growth from day to day but by com-

paring his accomplishments at the beginning and end of a longer interval. Daily increments are too small to be detected; we must know how long a time must lapse for significant differences to appear. In the infant where growth takes place with unparalleled rapidity the time interval must be correspondingly short—one month or thereabouts here seems to be the appropriate interval. As growth slows down with increasing years a decade may not be long enough to disclose significant differences in the behavior of the mature adult.

We proposed a rough classification of significant levels of behavior in the preceding section, but it should be apparent that at least the early divisions there instanced are far too embracing. They must be divided within themselves to get appropriate intervals for comparison. What such intervals are, as well as what are the noteworthy forms of behavior at the given intervals, is then a subject for study by the joint use of the genetic and the comparative methods. Gesell's work illustrates nicely the combination of these two methods. He demonstrates development by the comparison of performances at different stages in the life of a particular infant—"developmental diagnosis"; or, again, by the comparison of different infants at different stages of development—"differential diagnosis." Also by comparing the accomplishment of a number of infants of the same chronological age the range of individual differences may be shown. *Norms* of development, or characteristic patterns for a given age level, became therefore, a kind of shorthand for recording differences between individuals and the degree of development of each. This plan need not of course be confined to infancy; with appropriate modification it applies for all levels in the life-span.

The Control Group.

Whilst the longitudinal and cross-section approaches are mutually helpful, they may be contrasted with another method frequently employed in science, that of the demonstration of causal factors by means of a *control group.* In chemistry, for example, one sample of a substance may be subjected to a high temperature and another not, in order to

test the effect of heat upon the potency of that chemical. The differentiation in the end process may then be safely credited to that variable which the experiment had operative in the one case but absent in the control. In agriculture one lot of seed may be dehydrated and another left untreated. When planted and tended under identical conditions any differences in the two lots of plants may then be attributed to the treatment given in one case and not in the other. Similarly in experimental biology control groups of animals are a most useful adjunct to research, and this holds throughout the natural sciences wherever the factor under study is specific in its effect and all other factors can be kept sufficiently constant during the investigation.

It is because of the impossibility of meeting these particular requirements that this method is less applicable in the field of the social sciences. Of necessity mental hygiene methods will differ from those of the natural sciences because the problems are different, and one of the most important differences is the type of control to be used in experimentation. One cannot, for example, segregate one part of a community as one can a packet of seeds. If one attempts to deal with one section in terms of a mental hygiene procedure, permitting another part of the community to remain as a control, the difference between physical and social experimentation quickly becomes apparent. By the time a sufficient interval has elapsed to begin to gauge the results the two communities will have disappeared, or, if they adjoin one another, they will have so interpenetrated and modified one another in devious ways that the end result will be unintelligible from the point of view of interpretation. This does not mean that in mental hygiene the results are intangible and obscure, but only that the methods of mental hygiene must be different. In such complex situations the evidence from a control group is inconclusive, even if it were obtainable, and increasing the size of the groups or resorting to statistical devices with the data do not help us on the essential point. Methods must be employed which are applicable to a *social* situation. Investigation of individual cases longitudinally studied is an outcome of this

circumstance; it is in no sense a departure from but an enlargement of scientific procedure.

The Concept of Adjustment.

When we study events in sequence we are looking for causal relationships within the life of the individual. Thus, masturbation in childhood is sometimes interpreted as being the cause of sex perversions in adolescence; a specific childish fear may condition a general attitude of worry and apprehension in the adult. But to select and trace out characteristic processes is only one type of causation. The life of the individual is never a closed channel unentered from without; it is continually being disrupted by the interjection of events which are not occasioned by his own past but which intrude as foreign factors equally powerful to mold experience and personality.

In order to investigate causation in this fuller sense one must study the relations of an individual and his surroundings at a given time and over an interval. Thus in any cross-section of life the *relationship* among the component factors becomes at once the point of greatest significance. This is the case in all science, the point being what elements to select and how best to conceive their relationship. In the sphere of mechanics, for example, the relation is described as an equilibrium of forces, in physiology as one of balance or imbalance of function; in psychology and sociology the term *adjustment* is generally used to describe the striving after harmonious relation among the diverse elements.

Correlatives of Adjustment.

Adjustment may be viewed in various settings, that is, as obtaining between different factors. Biologically the relation of organism and environment is the basic one, and the social sciences incline to borrow these concepts and apply them to the individual and his situation or to the social unit and society. Whenever such a coupling of terms is employed in an attempt to indicate the functions of an adjustment relationship, it will be found on examination that the two are never strictly distinct; they can be distinguished rather as a matter of direction and emphasis rather than as two

separate entities capable of existing in isolation. We have already referred to the difficulty of distinguishing hereditary from environmental influences; an equally great difficulty would be met if we attempted to say precisely what is the individual and what his environment. James has well pointed out that while in one sense we may mean by the individual simply his physical body, yet psychologically he is much more; we cannot stop short of including his feelings, his clothes, his friends, his bank account and all. There is no need for us to be deterred by this type of complexity, except to recognize the futility of trying to escape from it by any devices of over-simplification. The related factors, however conceived, are mutually dependent; wipe out the environment and the individual is likewise destroyed. The individual has meaning and value in terms of his social adjustments and cannot be adequately studied if these are ignored. The two terms, *individual* and *situation* must therefore be regarded as *correlatives,* joint factors in a relationship which we have chosen to describe as adjustment.

The Parent-Child Adjustment.

To take another set of correlatives nearer to our topic: one may regard the case of parent and child as a special case of the individual-environment relationship. A little reflection will make clear that here one is dealing with two terms which are not isolable, the one relation implies the other, and in much more than a rhetorical sense. This is illustrated in the early stages in the life of the child. When the child is *in utero* should the mother be described as individual or as environment? She is individual in her own relation to the larger social situation but is environment to the child growing within her. After birth, although the relationship is less unique, the mother still retains a peculiar significance in the environmental situation of the child. The relationship, however, is not a static one, its very nature involves a sequence of developing stages such as we have already discussed of the life-span. In these changes this relationship retains something of a crucial character especially for the parent. The child may slough off its dependency and create a new environment for itself from which the parent is as

far as possible excluded; but it is rarely that the parent is prepared wholly to forgo the satisfaction of close relationship with the child. The value of the parent for the child is a diminishing one, that of the child for the parent is likely to remain relatively constant; therein lies the possibility of many conflicts in the mutual process of adjustment.

The complexity of dual relationship need not here be pursued farther. The above example was raised in order to make emphatic a point fundamental for our study of what constitutes a normal person, namely, that a person can be studied only in relationship. The cry used to be raised, in protest against certain departmentalizing tendencies, that we must study the "whole child." It should be apparent that the whole child is not enough. We must study the child-in-his-setting. We have called this book *Parents and the Pre-School Child,* wishing to emphasize in the title the fundamental character of this relatedness. It cannot be said too often that the child-parent relationship is crucial for child study, and that a philosophy of parenthood must be inherent in any attempt to deal adequately with the child. This does not mean that other relationships are not also important; we should know not only the child as he is with his parents, but the child in the family, the child at school, the child as he is in his own fantasies, and so on. The important thing is that we should not simply pay lip-service to the fact of relationship, but that at every turn it should be a pivotal consideration. To provide for this will therefore be a point of first importance when planning a technique of study.

Circular Response.

Another feature in regard to adjustment and particularly concerning social relations may be briefly indicated. This is the fact that whenever an organism is acted upon by environmental influences it tends to react in turn, thereby modifying the environment so that in some degree it is always a new environment which next exerts an influence. The capacity of humans for modifying their environment is an important criterion of their progress. When both factors in the relationship are individuals, then action and inter-

action become still more complex, and we have the "circular response" situation of the social psychologists, an ascending spiral of action and interaction.

Adjustment and Personality.

To find means for the *early* evaluation of personality trends is coming to be recognized as one of the major objectives in the psychological study of children and for results in this we may look hopefully to the combination of the longitudinal and cross-section approaches. Comparison of a given individual with others at the same level of development indicates how far his behavior conforms to what might be expected, whether he is retarded or accelerated in development. Atypical characteristics are thus readily revealed and have generally diagnostic significance, either in regard to the native ability of the child or to his social environment. For instance, unusual precosity in language on the part of a young child may reflect superior mental endowment or the forcing of adult society. To ascertain the facts of a situation which attracts attention is the first essential, but then it is only in comparison with reliable norms that one can interpret them in relation to the various factors which may be influential. Such interpretation of the full situation is a *sine qua non* before preventive measures can be intelligently undertaken.

In general it may be said that good adjustment at any stage of the life-series may be held as predictive of what is to follow. This does not always hold true since environmental factors, loss of parents, financial reverses, physical accident, may enter in to distort the picture. We all can recall occasional instances when the black sheep became the pillar of society, or when early promise failed to be fulfilled. The mere fact that we remember such cases is an indication of their unusual character and that therefore they should not be made the basis of a generalization. A well-adjusted childhood is the best guarantee that we know for a happy youth and effective adult life. Too much value, however, should never be placed on the anticipative meaning of a given situation, since the adequate experiencing of each phase of life is our desideratum. Each phase has its dis-

tinctive value and should be assessed and lived on its own merits. As Hadfield insists in his *Psychology and Morals,* the best preparation for what is to follow is to experience each phase as completely as possible.

Again, it should not be assumed that adequate adjustment can itself be understood except on the basis of extended studies. We have pointed out that to analyze *normal* behavior is now the primary task in mental hygiene. On the side then of personality or of environment, what, indeed, are the inner characteristics of a *good* adjustment, a *good* home, a *good* parent? These are expressions that one easily accepts but what one actually means by them in terms of observable fact rather than vague impression is by no means so easy to say. Not the application of an adjective but the ability to wrest from a concrete situation its real functional constituents in terms of the relations of the individuals involved is necessary for an adequate definition. Such understanding is arrived at only by the analysis and comparison of a variety of situations, and further, by testing the tentative principles thus derived in regard to their effectiveness in showing how to readjust other situations.

Where to Study Adjustment.

Assuming one were free to commence the study of adjustment, where should one begin? Two questions here confront us: Should we begin at a complex or simple level and with situations that are distinctly abnormal or not? The former of these alternatives would be presented in the sphere of practical social work. Here the task, for instance, might be to attempt to find out how harmony could be established and maintained in a strained family situation, how child-placing agencies may approach the problem of placing children in foster-homes with a minimum of dislocation in the experience of the child, how juvenile courts attempt to restore the disturbed equilibrium in a home or community, how a domestic relations bureau seeks to restore marital adjustment, etc. The work of social agencies or of child guidance clinics must always be construed in terms of adjustment, the problem being to discover *how* the process of restoring equilibrium within a disturbed relation can best be effected.

But two types of difficulty would confront us in any attempt to *commence* any study of adjustment at these complex levels. In the first place, the cases are usually urgent; the actual task of adjustment must be carried through in some fashion often largely determined by the exigencies of the practical situation; the theory of the process must be left to follow, if, indeed, it can receive consideration at all. In other words, the demand for service under these circumstances almost inevitably outweighs the necessity for research. That, of course, is unfortunate, since obviously the best service can only be given after adequate knowledge of principles in the handling of such cases is well in hand. At any rate this constitutes a difficulty when one wishes to study method, and in spite of the widespread prevalence of service clinics, traveling or stationary, juvenile court clinics, etc., it must be confessed that accurate information is often wanting concerning principles pertaining to the problems that have to be handled. Our point is that the clinical approach by itself is inadequate for the purpose that we have in mind, and that for several reasons. It is not organized to extend our knowledge of first principles, it does not reach the *beginnings* of mental problems as they arise in the home, and it makes no pretense of studying the process of *successful* adjustment as observable through the normal home.

The second difficulty in commencing with complex situations of the "problem" type is that they are really too complicated to offer an ideal field for the exploration of method in the study of adjustment. Besides being urgent, such cases are often surcharged with strife to a degree that gives undue prominence to pathological or extreme factors. While such instances are not uninstructive, they are not representative, nor do they offer that type of simpler situation where there are fewer and less tense social factors and where the situation is more amenable to systematic observation and control. For such simplification we have turned to the sphere of the young child as affording the best setting to begin a study of adjustment. The fact of the priority of this period in the life-series, as previously pointed out, is another reason for selecting it as a field in which to begin the search for mental hygiene principles. It is at once the earliest and, in some respects at least, the simplest of social settings.

CHAPTER II

THE RELATION OF CHILD STUDY TO MENTAL HYGIENE

A. *THE SIGNIFICANCE OF PARENTAL EDUCATION*

In distinction from an approach to the study of early adjustment through the medium of social work methods or of service clinics, the undertaking can in practice be approached either through direct contact with young children in a suitable setting, such as that of the nursery school, or through the home, that is, through contact with parents who desire better to understand their children. These two avenues are not unrelated. We shall refer later to the advantages afforded for child study in the nursery school. We wish here to say that in our opinion perhaps the most promising field for mental hygiene study to-day, whether considered from the standpoint of service or of research, is proving to be the Parent Education movement. Although the procedure is as yet largely in the experimental stage and differs in many localities so that no cut-and-dried technique can or should be claimed as the best, still certain features of procedure and principle will permit of mention.

As most commonly practiced, the procedure is to organize groups of parents interested in child-rearing and to direct discussion upon the common problems in child-training which the parents report they encounter. It is well to remember that problems arise in *all* homes with *all* children at *all* ages, the interesting fact being not that the problems do or do not arise, but what method should be employed in dealing with them *when* (not *if*) they arise. These discussions are not held in rapid succession, but spaced at intervals, usually fortnightly. This is one of the most important aspects of the scheme. The interval is employed by the parent in reading,

observing the children in the home, and acquainting herself with first-hand data upon the topic.

The approach is that of teaching and of stimulating independent thinking and observation rather than of advising. Mental hygiene practice from the preventive point of view does not aim at specific treatment of isolated and classified symptom complexes; its main concern is rather with the development of a social attitude consistent with the fostering of happy, industrious, successful citizens. One cannot generate an attitude in a short period of condensed study, reading or treatment; it requires continuity in guidance given at intervals, interspersed with directed reading and *thinking,* over a period of one, two, or even more, years. Without this educational approach the basic concepts of discipline, habit formation, incentives, etc., as discussed in the literature, or as meted out by clinical or other advisers, mean very little to the majority of parents, and leave them no better equipped to avoid the pitfalls of poor management than they were before. This educational process by a technique of discussion is the essence of parent education, and can be applied to parents belonging to very different levels of social life.

Value of Parent Groups for Research.

Parent groups are of value to science as well as for service. They are at present the only means for (a) learning what the incipient problems in homes are; (b) discovering what methods are being used for their solution; (c) evaluating these methods, and (d) keeping careful records over a period of years in order to ascertain some norms of behavior and to standardize procedures for the correction of significant deviations.

We are convinced that the scientific contribution possible through parent groups will prove to be one of the best and most feasible means for estimating the value of mental hygiene procedures. By careful histories and adequate progress reports (and notwithstanding changes in social, economic, and other criteria), the *case* himself remains the constant for comparison in any study of adjustment. And

provided the technique of study be adequate, similar cases followed in a like manner can be compared with one another.

The Place of a Consultation Clinic.

A consultation clinic for intensive study of the more difficult cases which always come to light is an important adjunct to the parent-group method, and is indispensable for research purposes. It is, however, an adjunct to and can never be a substitute for the work in groups. The records of the consultation clinic of our organization show that the work in groups as above described is beneficial not only for the children but for the parents. These benefits may be enunciated as follows:

(a) *The developing of attitudes.* Two classes of parents ("patients") appear at our consultation center—those who attend groups and those who do not. In almost every case of those who have attended a group it becomes apparent during the taking of the history that they have commenced to think rationally concerning their problem, e.g. "I used to spank my child for this, but now I can see that I myself was partly at fault." "I had not realized that regular habits of sleeping and eating might have a significant influence upon habits of studying and playing; I thought that children knew how to play by instinct, and that this at least did not require teaching and guiding," etc. In other words, the clinician finds in these cases that much can be taken for granted, opposition has been broken down, the "cure" has begun months ago through the work in our parent groups. With those who have not been in groups it is always necessary in the clinic to begin by "educating"—and how futile this is when the public has been trained to come to a clinic not to be educated but simply to be *told,* and let the "medicine" do the curing! A clinic in itself can never be truly educational, and hence is not the most effective preventive approach either in method or in the numbers it can reach.

(b) *Eradication of special problems.* A survey of the type of cases coming to our clinic from the parental groups during the past three years shows, for example, that the sleeping problems—e.g. insomnia, irregularities, difficulty

in sleeping discipline—have practically been eliminated, i.e. they are being successfully handled by the instruction afforded in the groups. Our sleeping problems, however, from those who are not group members remain as numerous and troublesome as ever.

(c) *Follow-up.* We have found no difficulty in obtaining adequate follow-up records from parents. This is made an integral part of the educational plan. The policy of the larger insurance companies in advising periodic medical examination is a facilitating influence in this connection. These reports are at first weekly (extending over a period of six or eight months), and later monthly, quarterly, or yearly. This has been in operation for only four years, but the system seems to be entirely feasible and already shows in terms of case-results the value of parent education from a mental hygiene point of view. The continuity afforded through membership in a group from year to year thus makes possible one of the most important phases of the longitudinal study plan, namely the continuous record of adjustment over a period of years.

Development of Parental Attitudes.

In referring to this remedial side of the work as exemplified in the records of our clinic cases, we wish again to emphasize that not the therapeutic results but the educative process with the parents is the truly valuable feature. Mental hygiene is not a specific or a panacea for human ills; it is a point of view regarding the preservation of mental health, and this is what the parent-education method can manifestly help to contribute. Specific "cures" of bed-wetting, thumb-sucking, pilfering, disobedience, etc., are fairly commonplace, but whether the adjustment inadequacies which led to these difficulties have really been overcome so that these or equivalent symptoms will not presently recur, is another question and the essential one. In mental hygiene it is not what is done *for* these children or their parents that mostly interests us, but rather to enable them to gain insight for themselves regarding the essentials of successful adjustment to the varying situations of life. Only to the degree that

parents attain such insight and are willing, desirous and able to put it into practice in the management of their children, will mental hygiene principles become effective in the community. In other words, it may safely be said that if parents do not do this, certainly no one else will ever be closely enough in contact with their children to discharge that responsibility for them.

For this reason we should urge that those who have the interests of mental hygiene at heart should never be anxious to take upon themselves in place of the parents the duties which the latter alone can properly assume towards their children. The duties of parents are of paramount importance in the rearing of children, and it is their responsibility to learn what methods of training will be most effective in their case, and the best means of carrying out these methods. It would be unsound in policy, we feel, even if it were possible, to try to lay out dogmatic rules regarding what parents should do in each and every particular circumstance. At best parental responsibilities can only be outlined in the broadest terms, and we would here briefly suggest three main lines of thought, namely, that parents should be actively interested in the socialization, education and emancipation of their children.

(a) *Socialization.* By socialization of their children we mean the obligation of parents to use whatever means are at their disposal for fitting the child into a social environment at the earliest possible stage. If this aspect of the child's life is carefully provided for it may effectively ward off any such condition as mother- or father-fixation, shyness, seclusiveness, too great day-dreaming, tendencies towards suspicion or other characteristics of the child who learns too late that his main concern is to be able to live with his fellow-beings. So far as possible a child should never have to wait beyond the second year without opportunity for associating freely with children of his own age; the best companions for children are children.

(b) *Education.* By responsibility in education we refer not simply to the fact that the parent should provide the child an opportunity for obtaining in as quick and interesting and efficient a way as possible the fruits of the industry of by-

gone generations, but that he should take the time and trouble to maintain an active and appreciative participation with the child in this process. There was a time when this task was assumed by the parents, but with the modern speeding-up and specialization of life this has now been delegated to others—to teachers and various specialists—and not merely the instruction but the entire responsibility of managing the child. It sometimes strikes one with a shock to realize how far the average parent to-day, particularly the father, is removed from the activities of his own child, not merely in school but also at home. And one's surprise increases upon discovering that the parent is not only oblivious of or indifferent to this fact, but even resentful of any suggestion that it should be otherwise. The growing interest in parent education, visiting-teacher work, home and school clubs, parent-teacher and similar organizations throughout the country, is a promising indication of future improvement in this phase of child education.

(c) *Emancipation.* The third responsibility, emancipation of the child by the parent, concerns the fact that every child is born potentially to be the founder of a new family. Unless the parent from the very beginning adjusts appropriately to this circumstance, the way can scarcely be smooth for either parent or child. It is frequently assumed that this emancipation begins only with the marriage of the child, or at the earliest in adolescence, whereas many of the trying difficulties of the latter period are due to the absolute dependence which parents, wittingly or unwittingly, selfishly or otherwise, have long demanded of their children. Too great affection or too great austerity on the part of the parent are alike inimical to successful emancipation of the child. No parent can safely assume that he, or she, can achieve the latter without consciously preparing himself for it over the whole gamut of his child's development.

The reason that we have attempted to reduce to these lowest terms our statement of the duties of parents towards their children, is because under the present state of knowledge concerning child management it would be very unwise to try to map out in any detail a system of rules and regulations for child guidance to cover every situation which could

possibly arise. It is better, we consider, for parents to have in mind a few basic ideas which they can try to realize, than for them to be continually interfering with the behavior of the child. A tendency which one frequently encounters in homes where the atmosphere is charged with strife is that the parents are assuming far too much responsibility both for the good of the child and for their own peace of mind. This circumstance is perhaps even worse than the opposite extreme, where there is complete indifference or too little responsibility assumed by the parent with regard to his child.

A Plan of Discipline.

If we were asked what was the keynote of a practical and common-sense parental attitude in respect to child-training, we should sum the matter up in one word—*discipline*. By discipline we mean the reasonable regulation and supervision of the fundamental habits of a child throughout all stages of his development and a consistent plan for having the child observe those rules that are laid down. Such simple rules as regular meal-times, regular bed-times, training in elimination, eating what is placed before him, wearing the clothes that are provided, observing certain proprieties of conduct—these, applied without nagging, but with example from the parents, would probably suffice for the average home. Consistent adherence to a few simple rules without any deviation whatever, will permit the child to learn to make adequate social adjustments in a manner that would be impossible were there too many rules, inconsistent administration, or incalculable measures of enforcement.

If the discipline fails to work, it is probably too complex and should be simplified. It is rarely indeed that a difficult situation is improved by adding to its complexity. One of the most complicating as well as the most arbitrary and artificial measures that can be introduced into a discipline designed for the training of behavior is the use of a show of force, represented in child management by corporal punishment. Physical punishment in the higher years is not now tolerated in a free community under penalty of prosecution for assault. The history of this question through the ages

shows a gradual but consistent pushing back of this sanction, until now it remains largely only for the early years. And even here it has still to be demonstrated that there is any proper place for this practice in a rational scheme of child guidance, or that it is in any sense essential to a sound and consistent discipline. Corporal punishment may, of course, relieve the feelings of an exasperated parent, if not those of the child; but constructively, what more is it, assuming that it is something more than a mere expression of failure? It is useful always to ask ourselves how far we clearly understand and appreciate the motives that lie behind the child's behavior. At best, corporal punishment is intended as a therapeutic measure, a treatment for certain immediate and overt symptoms of behavior. But here as in all mental hygiene practice the empirical attempt to deal with symptoms is secondary to insight into the underlying and foregoing causes which precipitated the symptoms. It is the permanence of the "cure" and not the perpetuation of the treatment that counts. And in the case of corporal punishment, thrown as an incalculable into what might otherwise be a systematic and consistent discipline, what the after or lasting effects really are defies accurate evaluation.

The Experimental Attitude.

Finally, in accordance with our earlier emphasis upon canvassing the environmental possibilities in controlling adjustment, we would urge that parents adopt a truly experimental attitude in all dealings with their children. It is important to have a plan of discipline and to carry it through; it is equally important to recognize frankly when our plan is proving a failure. To insist on trying to force it through is then a sign, not of firmness and strength, but of weakness and lack of resource. Often parents adopt a plan of management without any clear idea of why they select it, where they got it, or what are its merits. Having once accepted it as theirs, to hold blindly to it becomes the road of least resistance—this being, as in so many other matters of habit, the vicious side of all rigid habituation. Without constant and critical reëvaluation of our methods, justice can scarcely

be done our children. Pliability, patience, ingenuity and understanding—in a phrase, *the experimental attitude*—is a *sine qua non* for the wise handling of children and the happy adjustment of both parent and child.

B. *A TECHNIQUE OF CHILD STUDY*

We have dwelt at some length upon the importance of the parent's place in the child-parent relationship, and we turn now towards the main theme of this enquiry—the child. The story of adjustment cannot, of course, be couched in terms of the child alone, since the individual of necessity is linked in larger environmental relations, particularly those of a social nature. In this book, however, our purpose has been as far as possible to keep the child himself in the forefront, referring only secondarily to environmental influences, principally to the mother as being generally the decisive factor in the discipline and training of the young child. In a later work we shall hope to continue the study here begun in order to deal further with the drama of social relationships and the factors involved in management at a later stage. In vista, of course, the series to be studied could be indefinitely extended, when research has provided the material to make presentation profitable. The outlook in mental hygiene must not be conceived as being in any sense limited to early childhood, but as being capable of extension not only laterally into a widening circle of social relations but, as was previously intimated, also serially through all the developmental stages including middle life and old age.

Such an experimental task could only be the work of years and generations. The undertaking we have here set ourselves has been not that stupendous one, but the modest task, comparatively speaking, of trying to evolve some definite plan of studying adjustment within the limited sphere of the young child. That this undertaking is not an easy one, and that other workers in the field are engaged on the same enterprise, have not deterred us, because it would seem that in a subject so extensive and important any honest contribution, particularly in the way of discussion and experimenta-

tion in quest of a valid method of assembling and evaluating facts, should have some value.

In a preceding section general considerations regarding method were dealt with, but the points there discussed did not bring us to a definite outline of procedure. To find a workable method suited to mental hygiene purposes as outlined has been and still is our main concern since commencing child study, and the one now presented must not be construed as final, but as in process of being tried out. The ideas which have mainly contributed to its evolution may be of interest.

In casting about for some conceptual plan one naturally canvasses the various schemes which seem ready to hand, particularly those of biology, psychology and the social sciences. Should one adopt a rigidly behavioristic standpoint? Are Freudian conceptions helpful, or those borrowed from social psychology, or the Gestalt psychologists? What of introspective data so called? Or should one be a bold eclectic and borrow a little from all? Upon these systematic issues our view has been that while method is important, it is not an end but an instrument, and that the instrument should be designed to suit the task, never vice versa. The outlook and problems of mental hygiene are somewhat distinct, as we have tried to indicate, and these have remained uppermost before us as criteria in evaluating points touching a general plan of procedure. This outlook has furnished three guiding considerations which may be enumerated.

Postulates for a Technique of Study.

In the first place we have accepted that the given datum for study must be the *individual in the ordinary situations of everyday life.* Details of method must therefore be weighed in the light of whether they are readily applicable for the study of fundamental processes and activities discoverable of the individual at home, at school, at work, etc., rather than only in the atmosphere of the conventional laboratory situation.

Secondly, we have sought to view the *individual as a de-*

veloping person, hence our concepts must be capable of taking account of progressive changes in the process of growth and adjustment, whether the changes be normal in type or widely divergent.

Thirdly, whatever method is applicable to one level of the growth series, for instance, to childhood, should be capable of *extension without serious recasting* to accommodate whatever increasing complexity of data might come to light in any later phase of the life-series.

This does not mean that the plan for infant study need be as elaborate as that required for adolescence; it does mean that such complexity as the latter may require can be built into the former basis without radical dislocation or reconstruction. The concepts for studying a non-talking infant, for instance, should be such as could be expanded to permit of full investigation of an adolescent suffering from suicidal reveries. With a mental hygiene objective this criterion is seen to relegate to a position of secondary importance formal issues such as whether one should adhere to a purely objective procedure or feel free to take account of experiential distinctions as known and utilized by the adjusting individual. Instead, the major consideration is to be able to analyze the activities of the living individual as we find him, whether infant, youth or octogenarian, with a view ultimately of securing for scientific purposes an adequate longitudinal picture of the essentials in human adjustment that make for mental health. In the meantime as a starting point the young child is our point of departure.

Investigation to Be the Aim.

It will be evident from these postulates, as well as from what has gone before, that our dominating interest in the field of child study is *investigation* and that we conceive the educational functions of group or individual contacts to be subsidiary to this primary purpose of finding out more facts about the child. This is as much a principle of pedagogy on behalf of investigators who are being trained as it is a direct object of an institution existing for purposes

of research. The interrelations of teaching and research as they exist in our Universities need defining, and in no field is this more pertinent than the one of child study. It is our experience that active participation in a situation is the best incentive to its study; and conversely, that research justifies itself when its results and methods are utilized as the basis of a teaching program. Therefore, in emphasizing investigation as the essential in a program of child study, research should not be thought of as an isolated interest, but always in relation to the practical outcome. Moreover, in referring to effective teaching as a practical outcome of child research, more is implied than the technical training of selected students as skilled personnel. We mean in addition that the research outlook should be so conceived and carried on that its results and practice will be applicable in meeting that broader educational need now felt by parents, teachers, social workers and others who have constantly to deal at first hand with children. The interests of mental hygiene will always, and legitimately, scrutinize the fruits of research in child psychology to see wherein the results assist in the interpretation and management of concrete human situations so that accurate individual diagnosis and constructive preventive measures may be thereby facilitated. So long as psychology concerns itself with living individuals it cannot well escape this foresnic test.

In the light of the postulates above mentioned brief comment may be made concerning some of the techniques commonly employed in child study:

The Scientific Versus Philosophic Point of View.

All phenomena which exhibit activity and change, whether in the realm of physical nature or of human nature, provoke curiosity. But the questions that are then asked may differ widely in their import. We may ask, for example, why Tommy behaves as he does if he is struck by a playmate; we may also ask why Tommy behaves at all. These two questions belong to different categories; the ultimate *why* of activity and the immediate *how* of an observable activity are two distinct realms of discourse. To ask the

why of life, energy, activity, behavior, or what you will, is to raise an ultimate question—exactly the sort of question that the child raises when he asks, "Who made God?" Such questions in regard to ultimate causation are insoluble, at least in terms of scientific thinking. The basic observable facts of a given science must always be accepted without any question, the concern of the observer being to study relationships within the particular field which he has selected. *Why* the organism acts is a philosophic and perhaps religious riddle; *how* it acts is the immediate and pressing psychological issue. Science makes no attempt to account for the fact of behavior itself; so much it accepts, and seeks to demonstrate what events condition the accepted facts.

Systematized Observation Versus Laboratory Experimentation.

The techniques developed during the past few decades in laboratories of experimental psychology have given complexion to many of the investigations now appearing in the field of child study. Here, as is necessary in laboratory procedure, the ideal is to have a situation rigorously, if somewhat artificially, controlled, in order to measure with precision some special process or function, such as reaction time, sensory discrimination, span of attention, etc. There is then little attempt to take into account the nuances of ordinary social behavior but rather if possible to rule these out. This point of view represents an abstraction from that every-day situation of the every-day individual which we postulated as the one that mental hygiene study should be designed to deal with. It is still a question how much it can tell us of those facts of ordinary behavior which are just what we want to know. Much of the early work on emotion, for example, with both adults and children, was and still is of this rather abstract type; one wonders if the situation has not perhaps been falsified through over-simplification in the interest of rigorous control. At least it is questionable, in our opinion, whether child experimentation should be envisaged as merely the stepping down of those laboratory

techniques designed for use with adults of age twenty to thirty years to suit the ages of two to three.

Although at the present time interest in experiments of this strict laboratory type has somewhat diminished, there is still evident among workers in child study a strong set towards some sort of *test* situation by which to measure the intellectual capacity, emotional development, personality trends, etc. While the desire for control is an essentially scientific motive we would submit that at the present stage of child study, especially as regards emotional and personality factors, the science is not yet far enough advanced to discard observation for experiment in the strict sense. Knowledge of child behavior in ordinary "uncontrolled" situations is preliminary to the devising of controlled situations which shall really disclose the typical aspects of child behavior. Wherever social relations form an essential part of the picture it is doubtful if "laboratory" situations will ever correspond closely enough with actual life to yield good results. On the other hand it is possible in the setting afforded by the nursery school, the public school, the home, etc., to single out, observe and record systematically certain of the salient features of child behavior.

The Freudian Method.

The Freudian method has already been commented on in several other contexts. Using a conversational technique free from the paraphernalia of instruments, it nevertheless involves a highly "controlled" situation in a psychological sense. Until very recently psychoanalysis has not been applied or advocated by its exponents as a procedure to be used with children but its indirect effects in this field can hardly be over-estimated. It is a technique which leads us to the threshold of childhood rather than a guide to the rooms within.

Reminiscences Concerning Childhood.

The reconstruction of early experience by knitting together the strands of memory has been used as a retrospective

approach to the study of childhood independently of the principles of Freud. This has a wide application in ordinary life and in general behavior, but as a means of arriving at a clear portrait of childhood its limitations will be obvious. This appeal to reminiscence was probably overdone by the early workers in the field of child study, so much so that its values are now at a discount. It can scarcely become the basis of accurate, quantitative formulations, but it has a valid though restricted use in interpreting childhood to adults. Especially in parent groups this method can sometimes be used effectively, as in studying the effect of early fears, of punishment, of attitudes to authority, etc. In such cases strict accuracy in reproducing the childhood experience is less important than to convey the *meaning* which the experience holds as between adult and child. The production of a persistent emotional attitude can sometimes be convincingly illustrated to parents in this way. Memory being the adult's linkage with his past, those who wish sympathetically to appreciate the young child's point of view may perhaps glimpse it through some of their own recollections. The danger, of course, is in mistaking our adult meaning of a situation to be also the child's.

Children's Introspections.

Passing from retrospection, what place have introspections in the field of child study? The young child has not developed the power to discriminate, reflect and report on his own actions and experiences to the degree that the adult possesses; he acts, but reflects little upon his own actions. Introspection has, therefore, a relatively small part in the psychology of early childhood. This is not, however, to say that it has no part, or that children's reflections are to be disregarded when they occur. The fact that they are rare may indeed make them the more significant. In certain work-shop situations in the nursery school we have been interested to record all comments of a critical and interpretative character which the children make concerning their work. These sometimes suggest that patterns of thinking seem to be molding the children's efforts with their materials,

as exponents of the Gestalt theory would have us believe. We regard these volunteered comments as possibly significant although their relative infrequency militates against depending on them as a regular or extensive source of knowledge.

Similarly, one cannot hold that because the young child sometimes asks questions which from an adult would be taken to show capacity for philosophic thought that therefore the child has such insight. What import these expressions may have for the developing child is difficult to say, but to claim that they have none seems as gratuitous as to clothe them with the meaning that maturity may bring. More important, we feel, than interpretation, is for the present the skillful collection of such data; because the child's phrasing is often naïve the adult may be tempted thoughtlessly to laugh and perhaps seal from himself forever such formulations of a growing mind. With advancing age, of course, introspection becomes more and more significant as a source of knowledge, till in adolescence it should be one of our most valued avenues of approach, as witness the significance of adolescent reveries as a basis of understanding the emotional conflicts of that period. If introspection, therefore, should seem to our readers to have been ignored as a method with young children, we would say on the contrary that it should be employed as early as it legitimately can be. To exclude it on principle from a plan designed to deal with the later as well as the earliest years of life and with the varying fortunes of mental health and illness would be to close the doors to an important source of information.

Experimental Study of the Child Mind.

Detailed analysis of the complex thought processes has been a side of psychology emphasized in German laboratories and one that has proved as baffling as it apparently is important in adult life. Of late an interest has grown, mainly in Europe, in the application of analogous procedures in the attempt to explore early mental processes characteristic of children. What thinking, for example, precedes or accompanies the beginnings of speech? Again, all phases of

learning seem to function in children so readily and effectively on slight sensory clews that one is compelled to wonder whether imagery, fantasy, "meaning," etc., may not play a large and perhaps unique rôle in behavior at that period. Thus Jaensch and others in Germany have investigated *eidetic* imagery, which they think to be typical of some normal children, namely, that after looking attentively at an object it may then be "seen" with the eyes closed even after a lapse of time as vividly as in perception. We are accustomed to thinking of development as involving an increase of our mental powers from childhood to maturity, but here we have the interesting suggestion that perhaps in adult life we are deprived of abilities which are enjoyed by some children if not by all. The Gestalt psychologists also emphasize the developmental aspects of child thinking, stressing the intrinsic unitedness of all mental phenomena. They endeavor by experiment to trace out the ways in which individuals discriminate and relate component parts of the experiential whole. In all of these studies the aim is to utilize experimental *objective* methods for the determination of the *subjective* experiences of the child or adult; they emphasize the *how* of experience, not the *how-much* or the *what-for*. Notwithstanding the evident desire of some of the investigators to build another philosophy out of rather limited materials, this approach to the child mind has, we believe, much to offer.

The Behavioristic Method.

To deal exclusively with the overt features of behavior as laid down in the canons of Behaviorism is in many respects the easiest and most obvious point of view to follow in studying the young child. In the foregoing expositions of Part I as also in the scheme to be outlined below, it will be seen that our descriptions are couched mainly in such terms and seldom in terms of the experience of the subject. We have no desire to take up arms in the behavioristic controversy, such issues being in our estimation beside the mark in mental hygiene study; we wish merely to point out that this feature springs from the nature of our subject-matter at this stage of the life-series rather than from any theoretical

or systematic preference. The exigencies of the practical situation are such that the young child must be studied *mainly* from the point of view of his observable behavior which comprises the part that is readily accessible. With him impulse flowers so quickly and directly into action that the behavioristic view is more adequate to the situation than might at first be supposed. It has, too, the great advantage of permitting quantitative procedures for the most part with its data which are therefore subject to more precise formulation than is the case, for example, with early introspective data. In neither case, of course, can the element of interpretation be eliminated.

Granting the importance of objective behavior for our present purpose, the procedure to be adopted in respect of the "control" of the experimental situation still remains, and this we have postulated should approximate the settings of daily life. In recording the facts of objective behavior, whether in the home or elsewhere, the child should be as little interfered with as possible. If one wishes to get a characteristic picture of his behavior he should be unaware that he is being observed. This is an important point for parents to grasp in making home observations. Even casual remarks during observation or at other times may profoundly affect what is going on. The whole social situation may thus be unwittingly changed out of all recognition.

The Contribution of Comparative Psychology.

The advances which the behavioristic technique has brought in the sphere of child study had their inspiration in the painstaking work of the biologists and animal psychologists who preceded. Not only is the debt one of point of view but the body of observed fact concerning animal behavior has brought new light into unexplored angles of human life and conduct. We have referred to the advantages of viewing human adjustment not for what it is at the moment but in terms of its antecedents in the life-series, that is, ontogenetically. In principle the same advantage, but broader in scope, is to be had by viewing the biological series as a whole or phylogenetically. The principles of human learning, for instance, were first graphically

expounded through the careful study of *cat* and *rat*, not in the kindergarten sense but in the animal laboratory. The study of the higher primates which more closely resemble man, as carried out by Yerkes, Köhler, Hamilton and others, has already thrown direct light upon many problems of human behavior and gives promise of more to follow. Furthermore in the uncharted expanse of *pre-natal* development the comparative field offers almost the only direct means of approach, as it does for experimentation upon behavior as affected by drugs or surgical interference.

Directed Observations Versus Rating Scales.

We have already stressed the desirability of systematic observation of children in their ordinary environment as contrasted with experimentation under meticulous laboratory control. Strictly speaking, of course, no human situation is ever wholly uncontrolled—we are constrained by the exigencies of the physical situation, by habit, by convention, etc. Similarly one's observation of a situation is never wholly undirected. Our attention in a play-room, for example, is caught now by this, now that, occurrence; depending upon whether the onlooker is a parent, pedagogue, psychiatrist, pediatrician, banker, psychologist, or untutored student, the points they spontaneously note in the play situation of children will vary widely. All occurrences in the continuum of behavior literally cannot be noted nor are all noteworthy. Selection is necessary and also a certain skill in knowing what to select and how to record these incidents, for example, by means of a set of symbols. Such first-hand *study* of children not only adds to our general store of knowledge but furnishes excellent training for the observer and also insight concerning the child, based upon recorded facts rather than vague impressions or vaguer adjectives. One's handling of children will then reflect this clearer understanding gained by accurate observation when not participating in the situation. The untrained observer, into which category most of us as parents fall, usually has here a good deal to learn, and will profit if given a simple form detailing with directions specifically what is to be observed.

The present interest in tests and scales often inclines workers in this field to hurry past the stage of using simple directed observation in order to evolve a complicated *rating-scale* in terms of which to evaluate the child once and for all. A danger here is that we place more value upon the possession of a scale (which may have a market value) than upon the detailed study and observation of children. Rating-scales have the semblance of quantitative procedure and hence of scientific accuracy, but the interpretation of a rating score is rarely easy and no summation in terms of a scale can get beyond that degree of validity which characterizes the respective elements that the scale includes. Moreover in the private home where the number of children of near age is limited the application of the rating-scale principle which presumes comparison of individuals is still less feasible. For these reasons we feel that with students as well as with parents emphasis should first be placed upon the detailed and consecutive analysis of behavior under guidance or with the aid of simple charts rather than upon the use of standardized scales. As the adult's skill increases in evaluating the details in concrete situations he will then be in a position to evolve or to make use of such scales as he finds will best serve his needs. In Part III will be found samples of forms which we have found effective for parents; their use at home is facilitated through discussion of the topics outlined in Part I.

Motivation.

Having noted some of the principal approaches utilized in child study it remains to summarize the scheme we have endeavored to follow in this book. The central conception is that of *motivation.* The control of behavior rests upon comprehension of its underlying motives. What, then, may we understand by motive as a regulative or explanatory principle?

As we have already pointed out, the *ultimate* why of activity is never the concern of science but the *proximate* why of any given occurrence is. In the case of biological events, such as the observable activity of a child, resort is

had to the biological correlatives of organism and environment in order to find an explanation of a given activity. In such a search whatever factors are accepted as conditioning the activity in question, we designate as the *motive* of that behavior. By definition, therefore, so far as motives can be ascertained and controlled, to that extent can one regulate the outcome of the adjustment process. This is not to claim that motives can be fully known, but rather that control of behavior depends largely on the extent of our knowledge of those motivating forces which govern action.

Thinking of the meaning of motive in this way certain aspects mark its application psychologically. First, as regards the relation between organism and environment this may be traced as operating either from without or within. Thus when the child starts at an unusual noise, the conditioning factor is environmental and constitutes a *motivating situation.* Or again, when he wakens and stretches, this behavior is evidently motivated from within. Most behavior, however, is much more complicated than this, being motivated from both directions at once as when the hungry child seeks the pantry when mother isn't looking. Secondly, motivating conditions call forth a total or integrated response on the part of the organism. From the objective standpoint this means that there is a predominant direction to the response which is subserved by the coöperation of all bodily parts, whereas from the experiential standpoint this would refer to the degree of *attentive* adjustment.

This integrative character of motivated behavior gives a narrower connotation to the psychological concept of motive than that enjoyed by the biological or physiological concept of *stimulus.* Thus innumerable stimuli can and do operate between organism and environment without adjustment being dominated by them in any significant way. In the vital processes, for example, food in the intestine may be stimulus to various digestive processes; it becomes part of a motivating situation when it prompts to the eliminative act.

A Conceptual Scheme for Analyzing Motivated Behavior.

Beginning with the fact of activity how may one analyze and classify the types of activity observable in the behavior

of children? These we conceive to be describable under three main categories—Appetites, Emotions and Attitudes, which blend into a fourth, the Self-tendencies. The meaning and significance of these conceptions we shall endeavor to make clear in turn.

From the point of view here being followed our problem is biological in cast, and for its solution we have a model in the way the biologist has learned to sort out the important activities exhibited by a living cell of protoplasm such as the ameba. He finds that this unicellular organism continuously or periodically exhibits certain activities in relation to its environment, for example, irritability, contraction, ingestion of food, reproduction by division, etc.—some half dozen types of reaction in all. His list of major reactions by no means exhausts all the events that actually transpire in living protoplasm, if this be investigated from the standpoint of physics and bio-chemistry; nevertheless, from a biological point of view as touching the adjustment processes of the ameba his analysis is fundamental, exhaustive and illuminating.

The Appetites.

In like manner the child as a complex organism regularly exhibits certain type or pattern activities towards his environment, sometimes spoken of as biological urges or drives, but which we shall designate briefly as the *Appetites.* These activities, to be listed below, do not cover in detail all occurrences in the body—such is not the purpose of their selection; they do include the main types of adjustment of the individual which possess certain characteristics. Remembering that the organism and its environment are correlative factors always interacting, the appetites are all modes or patterns of activity by which the individual is motivated to obtain from the environment satisfaction for his vital needs. The direction of action here may be conceived as being primarily from the organism towards the environment, impinging selectively upon the latter which is modified by the individual in the process of the search for satisfaction. Such movement from within outwards, from the center to the circumference of experience, may fairly be regarded as a

seeking movement, and when the environment furnishes the materials or conditions favorable to the needs of the organism there ensues within the latter a period of activity, such as the ingestion and digestion of food, and then quiescence—satisfaction or completed adjustment. But this does not persist for long; again the seeking impulse manifests itself, through intraorganic changes, initiating again the rhythm of search and satiety. And this proceeds while life lasts. All appetitive processes are thus cyclic in character; adjustment is their goal, but the adjustment is never permanent; it is always broken again with the periodic recurrence of desire. This basic characteristic of the appetites is, of course, a true mark of the adjustment process in the large, that is, developmentally. Adjustment is never static, it moves from stage to stage, each stage preparing the way for the next and there giving way in turn, and so on through the life history of the individual.

Six physiological rhythms or basic appetites, significant for human adjustment, have been selected for special observation. These are: hunger, thirst, sleep, elimination, change (movement and rest) and sex. While this list may not be exhaustive, it includes the main appetitive processes which figure largely in the adjustment activities of the young child and bring him actively into contact, and often into conflict, with his environment, physical and social. They are, indeed, the main occupation of the infant and the main objective of training in the early years. It is legitimate, therefore, that they be given a prominent place in any scheme of child study. More detailed consideration of the appetites has already been given in Part I, and need not further concern us here.

The Emotions.

Having noted the types of physiological adjustment that proceed from within, an equally basic type of influence may be discerned arising from without in the environment and profoundly affecting the individual, altering the *tempo* of living to a marked degree upwards or downwards. A main effect in such circumstances is to thwart the appetites, disrupt the smooth functioning of behavior, and throw the whole adjustment process for the time being into a state of confu-

sion, physically and mentally. One recognizes in this, of course, the characteristic feature of *Emotion.* How far emotion should always be conceived of as a process of disruption, or whether it can at times be regarded as a facilitating influence, heightening rather than disintegrating the organic processes, is a matter of question. Writers do not agree on this point, and indeed the whole subject of emotion is fraught with difficulty. The bodily state, as dependent for example upon glandular activity, is a factor also to be considered. As compared with the rhythmic action of the appetites, emotion is relatively less frequent and regular in appearance, depending as it does upon a clash of circumstances. When it arises, however, in connection with some particular aspect of the environment, the latter completely usurps the attentive adjustment of the organism which continues to be strongly motivated towards it till it is fatigued, or the disturbed poise recovered, or till some new factor from without enters to help restore the equilibrium.

In infants the basic emotions seem to be relatively pure, the more complex emotional states, such as embarrassment, pride, jealousy, etc., not appearing until later. Watson in his experiments with infants has given the most valuable lead in this field. He distinguishes three primal emotions, fear, anger and love, describes their respective original stimuli, the characteristic responses, and the process of *conditioning* whereby other features of the environment can readily become coupled into the adjustment process, thereby building up new patterns of response. We have followed Watson's plan in the distinction of fear and anger as childhood emotions, but Watson gives a much less extensive and thorough treatment of "love" than of the other emotions, evidently finding this difficult to treat in young children according to his criteria. In this we also agree with Watson and to such an extent that we prefer to list this response, in its more marked form, among the Appetites, namely under sex, or in its milder manifestations as seen in expressions of pleasure and displeasure, with the Attitudes, next to be described.

It may now be seen that our concept of motive applies both to the appetites and emotions, in fact to all phases of the adjustment process. Not only is the organism motivated by internal needs; any factor from without that can be

shown to influence adjustment so that the latter is attentively directed towards it we are accustomed also to term a motive. It must not be assumed, of course, that the environment always affects the individual in that violently disruptive manner characteristic of emotional action. The latter is only occasional though then compelling. On the other hand, the individual is never free from environment, and in consequence his behavior is always in some respect being influenced thereby, attentive adjustment being directed to some selected portion of the environmental ensemble. This involves, as we have seen, not a single effector response but a more or less concerted adjustment of the whole organism with respect to the motivating situation.

The Attitudes.

In this third main category of the present scheme of analysis, we are concerned again with adjustment from within. It is a striking fact in behavior study that adjustment of an organism to any motivating situation, emotional or appetitive, regularly takes one of two directions, namely, of *approach* or *withdrawal.* We have pointed out in discussing motive how the whole individual make-up is integrated in every such response, the action being directed with reference to some selected part of the environment which is sought or shunned. From birth throughout life this differentiating or evaluating tendency on the part of the organism persists, and with an increasing scale of complexity as regards the factors involved. The infant accepts readily a bland substance such as milk while rejecting a bitter substance such as quinine; he grasps a rod for support, but pushes away the restraining hand; he withdraws with a start from a sharp, loud noise, but follows with his eyes a bright, moving light. These two basic attitudes of approach and withdrawal, acceptance and rejection, are motor and largely reflex in their early manifestations. Later, they seem to ramify by means of the process of conditioning so that they become associated in all the complex forms of thought and action, including those of social adjustment. Indeed, as development proceeds, all of the environment capable of motivating the child seems to become engulfed in

one or the other of these two adjustment attitudes. From this point of view the motor attitudes, incipient or pronounced, are foundational, other phases of experience being built into them as growth proceeds.

One important phase of experience which appears to become early linked with the motor attitudes is the discrimination of *pleasant* and *unpleasant,* the former attaching to those situations which the individual accepts and permits, the latter to those which he endeavors to be rid of or to remove from. In so far as this view is correct its import is that since attitudes to situations may be conditioned and trained, so then can the tastes of an individual—the things he likes to eat, the companions he chooses, the music he enjoys, etc.

The Self-tendencies.

We have suggested that from birth all the appetitive activities and emotional adjustments become organized within the motor attitudes of approach and withdrawal. But the integration of these aspects involves as we have just said more than spatial adjustment. In this fuller sense the complex organization of behavior is best regarded not in terms simply of motor attitudes but rather of the *self-tendencies* as given by McDougall, namely, that of *self-assertion* (mastery) and its opposite of *self-negation* (dependence). Here our outlook enlarges to concern the integration, the give and take adjustment, of the *person* rather than merely of the physiological organism. The self-tendencies develop somewhat later than the original motor attitudes which are manifest from birth, and are cultivated and controlled mainly by contact with a *social* environment. Although few significant studies have yet been made in this field, it is now beginning to command the close attention it deserves. We are inclined to think that the proper management of the self-tendencies of the child during the earlier pre-school years offers the surest preparation for satisfactory personality adjustment during the whole of life.

During the first year of life the manifold ministrations to the infant in the average home tend to foster and maintain that type of pleasurable sensory experience which calls forth

mainly the attitude of approach and acceptance in the child. Such environmental circumstances strongly favor the upbuilding of self-assertion, the infant's world being then literally self-centered and self-ruled. Within the second year these favoring influences will be appreciably modified; regulation and training of habits from without now assert more definite pressure, and at the same time the infant is widening his environmental contacts by creeping or walking and is meeting with countless frustrations and unpleasant surprises. These circumstances tend to develop his self-negative tendency. At about two years the child becomes more distinctively a social individual, with language, initiative and locomotion; he now usually first meets and deals with others of his own age and social adjustment seriously begins.

A balance between self-assertion and self-negation is required, but environmental influences at this stage usually load the scale in favor of the latter. During this trying time the child makes his last futile and infantile attempt to maintain the dominance he had early enjoyed, and the frequent thwartings usually multiply, for a time at least, his episodes of the anger reaction. The judgment and care necessary in handling the child at this stage of two to three years in order to permit him to learn by experience and yet to preserve a reasonable ascendancy of the self-assertive tendency will be apparent. It constitutes a large part of the training of early emotional control and of successful social adjustment. The importance of realizing the significance of *success* and *failure* in the experience of the child at this time, wise and unwise ways of control by adults, motivation in terms of social approval and disapproval, rewards and punishments, etc., can hardly be overestimated.

Summary.

Such in briefest outline is the conceptual scheme here advanced as a practically useful instrument for the analysis of adjustment in the early years. It regards adjustment psychologically in terms of motives involving the interplay of individual and environment. In summary its main categories and their subdivisions are:

I. *The Appetites*	II. *The Emotions*	III. *The Attitudes*
Hunger	Anger	Approach
Thirst	Fear	Withdrawal
Sleep		
Elimination		
Change	*The Self-tendencies*	
Sex	Self-assertion (mastery)	
	Self-negation (dependence)	

This classification has already been elaborated on in Part I, especially from those angles that have proved most helpful in connection with our Parent Education work.

Recapitulation.

To recapitulate briefly the main points touched on in the preceding sections of Part II: The pressing need of the present time in mental hygiene is, first, the study of what constitutes *normal* adjustment, and secondarily, recognition of the deviations therefrom with measures of prevention for these. Such a study demands a longitudinal or developmental outlook upon the problem, but in order to put this effectively into practice, cross-sections of behavior at critical points or periods must be selected to discover the factors which contribute to successful adjustment at that stage of the life-series. Because it is the simplest as well as the earliest period, the pre-school age has here been chosen as the field to begin an introductory analysis of behavior. The work in parent groups, we find, presents a useful setting for such a study both from the practical and the scientific point of view. Various of the techniques commonly employed in child study are reviewed, and one is advanced based upon a scheme of motivation as outlined, and utilizing the categories of Appetites, Emotions and Attitudes which blend into the Self-tendencies. This plan of procedure is advanced as an instrument or method evolved in the attempt to analyze the early adjustment process and to assist in its organization as a rational discipline of child-training by parents. This method of analysis is also intended to be capable of extension to deal with later stages of the adjustment process as mental hygiene investigation advances.

CHAPTER III

SOURCES OF DATA FOR THE PRESENT STUDY*

For those who may be engaged in similar work it may be of interest to refer to the way in which the inquiries presented in the materials of this book have been conducted. For the past four years in the St. George's School for Child Study at the University of Toronto, the pre-school child has been studied from three main angles of approach: First, by systematic observation of a group of from sixteen to eighteen children in the Nursery School Division; secondly, by discussion of the problems and management of the pre-school child in some six parent groups organized under the Parent Education Division of the school, with directed observation of their children of various ages by these parents in the home; and thirdly, in the detailed analysis of behavior problems referred from both of these divisions to the clinical consultation center, conducted by the director of the school. In addition to this a mental hygiene research staff, coördinated closely with the above personnel, has had the opportunity for five years of studying children of pre-school years and older in connection with an infants' home, a large public school and a juvenile court clinic. In these settings the whole gamut of normal adjustment and its deviations in respect of child behavior have been available for investigation.

From Nursery School Material.

Within the St. George's School the attempt in the Nursery School Division has been to devise means for studying, re-

* The authors wish to make acknowledgment for the facilities provided for this work: To the Laura Spelman Rockefeller Memorial whose grant to the University of Toronto made possible the establishment of the St. George's School and whose generous donation of scholarships has enabled the University to train selected personnel; to the Metropolitan Life Insurance Company, whose continued contributions through the Canadian National Committee for Mental Hygiene towards the work in Parent Education has made possible the development of that Division to include the training of group leaders preparatory to the extension of parent groups at other Canadian Universities and through the community at large; to Dr. C. M. Hincks, Medical Director of the Canadian National Committee, whose vision, advice and assistance have always been at hand.

cording and analyzing the routine adjustment processes of the children in that controlled situation. These studies have mainly been conducted along the lines of the principal appetitive activities, sleeping, eating, play, elimination, emotional episodes, etc. A first series of these studies has already been issued, Genetic Psychology Monograph, vol. iv, No. I, July, 1928; also a preliminary mental hygiene study on the behavior of public school children, Pedagogical Seminary, December, 1927. In these the aim has been to illustrate a method of studying child adjustment, rather than an accumulation of data or specific norms of behavior. This type of study is being continued in order to refine and amplify the methods discussed above in this volume.

From Parent Education Discussions.

In the Parent Education Division of the school the same outlook prevails, the first part of the present book being a presentation of the material from that angle. The main objectives and procedures in our parent-group meetings have already been described. Verbatim reports of all discussions are always kept and analysis of these furnishes an extremely useful source of illustrative material in leading groups and in training leaders; it also has its scientific value as filling out our picture of the problems and procedures in homes normal and otherwise. Our basic concepts have thus been derived to a large degree out of these experimental enterprises in the school. The aim in dealing with our groups has always been primarily to *discover* rather than dogmatically to pronounce, and thus through the collection of knowledge concerning parental views and practices to develop an attitude of reflection and experimentation on their part. Evidence that this approach is not without beneficial effect from a mental hygiene standpoint we have already cited.

The material presented in the chapters of Part I has thus in large measure been derived directly from group discussions, and has been selected to indicate the directions in which parents needed a reënforcement of their knowledge. The outline inserted at the end of each discussion topic we have found useful in order to focus the presentation and discussion of a subject in a meeting. Especially is this needed with less experienced leaders who might let the meet-

ing drag or wander or be unable to stimulate sustained and fruitful discussion. The outlines have also proved valuable aids in preliminary sub-group discussion prior to the main meeting. It is important, of course, that an outline should not crystallize and stereotype the approach to a topic so as to inhibit free and original thinking on the part of members. For this reason outlines are prepared only in skeleton form, topically arranged.

The references we have given for further reading are limited in number and amount. We realize that some leaders in Parent Education prefer to encourage wide and varied reading by members. While that, of course, has its value in a cultural sense and so should be encouraged, it often fails educationally to illuminate the given topic. Too general reading in our experience is apt to introduce too many ideas and not convey the point on any. For this reason in our *introductory* course of topics with parent members we have come to the conclusion that it is more effective to narrow the scope and intensify the work. The topics in this beginning course are accordingly limited to the *biological habits* of the *young* child, and the reading references offered are restricted to the *two* which for each topic we have found to be most specific in content, limited in length, and easily accessible through public or circulating libraries or to buy. In a later course touching the management of children and concerning wider aspects of thinking and acting, the reading references are necessarily more varied in character. The illustrations appended to each chapter are directly from group records, either as verbatim comments made by parents at meetings or as summaries of inquiries conducted by mothers in their own homes at our suggestion. Forms that have been used for this purpose and those used in our consultation clinic appear in Part III.

From Home Records.

The keeping of group records and of home inquiries has been valuable to the school, but much more so, we feel, as a means of training the mother to be alert in respect of her own procedure. The results are likewise indispensable in the training of group leaders and of graduate students in the field of child study. The selection of material we have taken

as illustrations has been made with a view to representing, not extreme or pathological types of behavior, but rather the average and ordinary, which is the object of our quest. A fact which this material has strongly impressed upon us is that no child can be regarded in any strict or absolute sense as "normal." Adjustment is never complete; differences are of degree only. Indeed one might better apply a new standard and speak, not in terms of normal as over against abnormal behavior, not of the adjusted and unadjusted or "problem" child, but merely in terms of *degrees of adjustment.* Moreover, the significance of the degree cannot be decided upon vague impressionistic grounds; the technique of evaluation must be a matter for research involving numerous longitudinal studies.

From the Consultation Clinic at St. George's School.

Lastly, the relation of our parent-education staff and of parents who are members of groups to the clinical consultation service at the school may bear comment. Whenever in a group a practical difficulty is raised which seems to call for expert investigation and advice, the person having the problem is referred by the group leader to our consultation clinic. It has been made a point of policy to urge leaders to avoid attempting to deal with complicated issues, and merely to recognize and refer them. A brief history of the case is taken by the member of staff in charge of the group with whom the subject has been broached. This serves as preliminary to the more detailed and complete history taken by the consultant when he first interviews the parent. Both of these history forms appear in Part III. The purpose underlying their use has been stressed—the importance of getting as complete a picture of the child and his environment as possible. No claim is made for perfection in such a form; it has been evolved by degrees in relation to the needs of the clinical situation, but it does enable the consultant to get a pretty accurate and specific idea of the total situation, past and present.

Following all but the two general chapters of Part I a summary of such a case-history is appended. These cases have been presented in a more or less skeleton form in order to emphasize what we have already referred to as a point

of fundamental importance, the *spread* of maladjustment, and the need of searching for more refined methods of measuring the degree of maladjustment in each case. The emphasis on the social interrelations of the family life in such case-studies is proving to be particularly significant. It is usually found that the child is referred to the clinic for some specific behavior difficulty—nail-biting, tantrums, masturbation, etc. But when the complete history is taken the matter is seldom found to stop there; other points of maladjustment have been uncovered. Often the parent's statement of her difficulty may now appear as the least important factor in the situation. Her own attitude, for example, of which she was probably entirely unconscious, may constitute the real problem. This confirms once more the thesis of how important it is to look not at the child alone but at the child in his relations.

Again, such a complete picture of the behavior of the child helps the consultant, and ultimately also the intelligent parent, to distinguish symptoms from causes. There is probably no more tempting snare for the unwary than to deal with the obvious symptoms, such as nail-biting, refusal of food, enuresis, etc., at their face value instead of investigating the complete situation in which the child is thus inadequately adjusting, in order to determine *why* he bites his nails, refuses to eat, or wets the bed. A therapy applied to symptoms only dislocates, instead of eradicating, difficulties. At best it is useless, at worst positively harmful.

In our consultation service, the parent proffering the difficulty is seen first, then usually on another occasion the child concerned, later siblings, and often the father and the whole family. Emphasis on the family nature of adjustments is paramount and is thus preserved. After a difficulty is evaluated a procedure for readjustment is adopted, and also a follow-up established and maintained as a check on recurrence of the difficulty or outbreak of new problems. Periodic visits of the child with the parent for reëxamination are insisted upon. In this way a body of data is being assembled which in time, we trust, will furnish that longitudinal evidence necessary to gauge the significance of behavior difficulties in childhood in relation to adult behavior.

PART III

APPENDICES

METHODS OF EXAMINATION

THE plan of examination of children here to be detailed is that previously referred to in the second chapter of Part II and which has been more or less followed in the exposition of the topics in Part I.

In order to have a comprehensive view of the training under which the child has developed and grown, it is necessary to inquire concerning each aspect of the child's behavior, not only as regards the present status, but also as to the stages by which the child has arrived at this present condition, i.e. a longitudinal picture of development.

Thus, for example, concerning the eating habits of the child, one would inquire regarding the diet, the meal times, their regularity, the amount eaten, the idiosyncrasies of taste and food preferences, the degree to which the child feeds himself, the occurrence of emotional episodes at the meal time, and the treatment of these or other difficulties that arise. Moreover, in order to appreciate the path along which the child has traveled, one would inquire concerning his eating habits from birth, the ability of the child to suckle at birth, whether the child was premature, was breast-fed or bottle-fed, any difficulties in the early feeding, the time of weaning and any difficulties that then arose, whether the child at any time showed disinclination to eat all or some foods and whether forced feeding was employed as treatment, whether there were any specific food reactions, such as eczema and other dietary troubles, etc. Such a history would permit one to evaluate in fairly adequate terms the status of the child from birth to the present time, considering his eating habits not only from the point of view of his health, but from the point of view of the past and present discipline within the home.

Such inquiry is necessary in *all* aspects of the child's development, and in the form presented below one can

see that pertinent questions are put concerning the development and the present status of the child in connection with the attitudes, the appetites, the emotions, the self-tendencies, and the parental atmosphere, as well as upon progress in certain important physical and mental functions, walking, talking, etc. Certain sociological information as regards the parents themselves is likewise important.

It can be seen from a brief glance at the consultation form here shown, that by placing a symbol (asterisk) in the left-hand margin whenever the information elicited is significantly different from what is regularly found with the average child, one can quickly glance through the completed history and crystallize a fairly accurate picture of what aspects of this child's personality are aberrant, the degree, the genesis, and the present possibilities. It is then feasible in terms of general principles which have been tried out for such cases, to lay out a tentative treatment suitable for the case in hand, which prescription may be modified as indicated by the follow-up result.

The discriminating reader will recognize certain points in this procedure:

(1) This plan of history-taking, which may seem discursive, is by no means fortuitous; it follows a definite technique upon items known to be the main pitfalls in the field of early habit-training. Like the routine of a thorough physical examination, it covers a wide range, any part of which may prove to be a key feature.

(2) Evaluation of the facts gathered in the behavior history is quite distinct from the recorded facts as such; the latter do not reveal on their face the interpretation to be placed upon them. Interpretation is made possible only from previous analysis of many comparable cases, longitudinally studied, with careful observation of the outcome. The gathering of such knowledge in terms of a systematic plan is a function of *research* in the field of child behavior. Without it, the interpretation of behavior as deviating significantly from the normal is too apt to be a matter of guesswork based upon vague impressions or unwarranted prejudices. It is particularly in the incipient conditions, when prevention is most easily and permanently

established, that accurate diagnosis of genuine behavior difficulties is most vital.

(3) The suggested treatment is not a therapeutic device so much as it is an educative procedure. Behavior cannot be passively treated by means of specifics, as aspirin is taken for a cold. Attitudes have to be rebuilt, new motives have to be generated and maintained, etc. In the case of the young child this leads at once beyond the bounds of his personality into the web of family relations; at best the responsibility cannot be more than partly the child's. In every case the parent or guardian must be expected to take an intelligent interest in the child's progress and improvement. The treatment must therefore be educative in a truly social sense.

(4) The objective in treatment is never from the point of view of symptomatology, but rather to ascertain and remove the underlying stresses and motives which give rise to the overt behavior that is called in question. This again demands sympathetic coöperation on the part of both parents, and often radical modification of their own point of view and practice.

The consultation form as given is that used in the consultation center associated with the St. George's School for Child Study, and the case-histories that are given at the ends of eight chapters in Part I are summarized from this form with substitution of fictitious names.

CONSULTATION FORMS

Form I—Consultation Form.

THE sections of this form are largely self-explanatory. On the first page, under "Problem," the parent's own statement of the difficulty is recorded. "Diagnosis" is, of course, the consultant's opinion regarding the matter after full investigation. The figures and letters under "Diagnosis" refer to the numbered sections that follow. Wherever maladjustment is indicated in the history this fact is starred under the appropriate column in "Diagnosis." Thus, if there is now some difficulty with sleeping, this would be indicated by a line drawn through 9*b*. If, on the other hand, weaning had been accomplished with difficulty, this would be checked as 7*a*. In this way it is possible to show graphically the *extent* or *spread* of the aberrant behavior involved in each case.

ST. GEORGE'S SCHOOL FOR CHILD STUDY

CONSULTATION FORM

Family Name:	Given Name:	Sex:
Address:	Telephone:	Date:
Birth Date:	Birthplace:	

Problem:

CONSULTATION FORM (*continued*)

Diagnosis:			
1 *a, b, c, d*	5	9 *a, b*	13 I., II.
2 *a, b*	6 *a, b*	10 *a, b*	14
3 *a, b, c* 1, 2, 3, 4	7 *a, b*	11 *a, b*	
4	8 I. *a, b*	12 I. *a, b*	
	II. *a, b*	II. *a, b*	

Recommendation:

Follow-up:					
Date	Interview	Date	Interview	Date	Interview

CONSULTATION FORM (*continued*)

Name: Date: Number:

1. FAMILY

a. Parents:

Father		Mother
	Age	
	Birthplace	
	Occupation	
	Education	
	Number in family	
	Position among siblings	
	Parental (step)	
	Years married	
	Religion	

b. Siblings:

Name	Sex	Age

Miscarriages:

Date	Maturity

c. Other persons in home:

Name	Age	Sex	Relationship	Supervision

d. Home:

Apartment Duplex House
Number of rooms Accommodation for child
Outside garden or playroom Equipment

2. OBSTETRICAL HISTORY OF CHILD

a. Labor:

Place Duration
Type Maturity

b. Pregnancy:

Sequence Mental state of mother
Specific diseases. General health

CONSULTATION FORM (*continued*)

3. DEVELOPMENTAL HISTORY

a. Birth:

Weight — Breathing
Malformation — Paralysis

b. Neonate:

Convulsions — Ability to nurse
Feeding: breast—bottle —combination — Cared by whom

c. Infancy:

1. *Weight*—at birth
   Was there any serious loss of weight?
   Did growth proceed regularly?
2. *Teething:*
   When did first tooth appear?
   How many teeth at one year?
3. *General health:*
   What diseases, infections, etc.?
   Specify rickets—age
4. *Feeding:*
   Breast—bottle—combination
   Time of weaning—difficulties, if any
   Early idiosyncrasies.

Acquisition of Habits

4. ATTITUDES

Special likes: Persons Things Age
Special dislikes: Persons Things Age

5. MOTOR

Crawled at months — Type
Walked at months — Use of artificial methods
Was there any appearance of clumsiness or delay?
Is child right-handed or left-handed? Any corrective procedure?

Present status:

Does child wash himself?
Does child dress himself?
Does child feed himself?

CONSULTATION FORM (*continued*)

ACQUISITION OF HABITS (*continued*)

6. SPEECH

Use of language compared to other siblings
Began to talk at months

a. Early difficulties:
Stuttering—stopped at
Baby talk
Lisping
Faulty enunciation Specify

b. Present status

7. EATING

a. Early history:
Difficulty (details), at what age?
Medical attendance
Was forced feeding ever necessary? Method used

b. Present status (age):
Pediatrician(s) in attendance
Special likes or dislikes
Foods eliminated by prescription
Needs urging
Amount eaten
Time of meals: breakfast ; midday ; evening
Companionship at meals
Other food given When?
Attitude of child towards food (detail)
Parental attitude:
Father
Mother

8. ELIMINATIVE

I. *Bladder:*

a. Early history (season of birth F.W.S.S.):
Routine began at
Method employed
Control during day at 12 18 24 30 36 months
Control during night at 12 18 24 30 36 months

CONSULTATION FORM (*continued*)

ACQUISITION OF HABITS (*continued*)

b. Present status (age):
Adequate control
Enuresis:
Daytime
Night-time (see special form)

II. *Bowel:*

a. Early history:
Tendency toward diarrhœa or constipation
Nutritional factors leading to maladjustment—food intolerance, etc.
Routine began at
Regular routine established at 3 6 9 12 18 24 mths.
Any difficulties?

b. Present status:
Regular movement(s) at o'clock
Need for medication

9. SLEEPING

a. Early history:
Inclined to be restless—quiet—light—deep
Stopped daytime sleep at years
Difficulties
Nightmares—sleep-walking—throwing off covers—gets out of bed—difficult to get to sleep—masturbation

b. Present status (age);
Time of sleeping:
Afternoon nap—in bed Up minutes
In bed at night Regularity
Gets up Regularity
Total hours
Preliminaries to sleep:
Parental: singing—rocking—reading
Child: crying—at bedtime.
Any peculiar ceremony
Any special toy
Any parental coöperation
Is the door open
Other persons in bed ; in room

CONSULTATION FORM (*continued*)

ACQUISITION OF HABITS (*continued*)

10. PLAY

a. Early history:

Did child play alone?
Was child picked up when (s)he cried?
How much time spent with adults?
Was there any early companionship?

b. Present status (age):

With whom does (s)he play?
What are the play periods?

Morning	With whom?	Where?
Afternoon	" "	"

What type of toy is provided?
Are special constructive tools provided? preferred?
Is there outdoor playground?

11. SEX

Circumcision

a. Early manifestations (age)
Treatment
Early inquiries (age)
Treatment

b. Present status (age):
Manifestations of behavior
Instruction, if any
Attitude of parents

12. EMOTIONAL

I. *Fear:*

a. Early objectivation (detail—age)
Nightmares (detail—ages)
Method of treatment

b. Present status

II. *Anger:*

a. Temper tantrums (detail—age—frequency)
Treatment

b. Present status

CONSULTATION FORM (*continued*)

ACQUISITION OF HABITS (*continued*)

13. SELF-TENDENCIES

I. *Self-assertion* (age—detail):

Is child obedient or disobedient?
Does child:
Dominate playmates?
Bully? Whom?
Tease? Whom?
Scream and kick?
Boast?
Show affection unusually?

II. *Self-negation* (age—detail):

Does child:
Sulk?
Resent teasing?
Tattle?
Cry easily?
Is there deception—lying? (age of appearance)
Note: tics—nail-biting—thumb-sucking.

14. DISCIPLINE

Are there regular hours in home for recreation, etc.?
What methods of discipline are employed?
Is corporal punishment employed?
By whom?
What method?
Are there differences of opinion between parents?
Does child show preference for a parent?
Are servants or others permitted to discipline child?
How?
Persons?

*Form II—Parent Education Consultation Form.**

This form, as indicated in Part II, is used by leaders in parent education to get a preliminary history which is then passed on to the consultant. The purpose in so doing is twofold: First, to save time for the consultant; secondly, and more important, to enable the parent-education leaders to become thoroughly conversant with the nature of the problems which arise and the methods by which they are to be analyzed.

It need hardly be said that such histories are used only under the direction of specialists trained in clinical procedures both psychological and medical.

* Nos. 2, 3 and 6 of Form II. correspond to those of Form I. on pp. 314-6.

ST. GEORGE'S SCHOOL FOR CHILD STUDY

Parent Education Consultation Form

Name: Group: Next Meeting: Date:

Problem

Type
Duration
Previous treatment

1. Family

a. Parents:

Father: Age Occupation
Mother: Age Academic
Adopted: Step-parent—guardian
Years married

b. Siblings:

Name Sex Age

c. Other persons in home:

Name Age Sex Relationship Supervision

d. Home:

Apartment Duplex House
Number of rooms Accommodation for child
Outside garden or playroom Equipment

4. Attitudes

Special likes: Persons Things Age
Special dislikes: Persons Things Age

PARENT EDUCATION CONSULTATION FORM (*continued*)

5. MOTOR

Present status:

Does child wash himself?
Does child dress himself?
Does child feed himself?
Is child right- or left-handed?

7. EATING

Present status:

Regular or irregular hours
Appetite
Companionship
Attitude towards food

8. ELIMINATIVE

I. *Bladder:*

a. Age of control *b.* Present adjustment

II. *Bowel:*

a. Age of control *b.* Present adjustment

9. SLEEPING

Present status:

Time of sleep
Regularity
Restful or disturbed
Preliminaries
Other persons in bed ; in room

10. PLAY

Present status:

Companionship: Adult Children
Play periods
Playroom and playground
Toys and tools

11. SEX

Difficulties
Attitude of parents *re* instruction

PARENT EDUCATION CONSULTATION FORM (*continued*)

12. EMOTION

I. *Fears:*

Enumerate with age of adjustment

II. *Anger:*

Frequency Increasing or decreasing

13. SELF-TENDENCIES

I. *Self-assertion:*

Obedient or disobedient

Does child:

Dominate? Whom?
Bully? Whom?
Tease? Whom?
Boast?
Show affection unusually?

II. *Self-negation:*

Does child:

Sulk?
Tattle?
Cry easily?
Lie and deceive?
Bite nails, etc.?

14. DISCIPLINE

Regular hours for work and play
Methods of discipline employed
Corporal punishment By whom? Method
Differences of opinion between parents
Preferences for a parent
Are servants or others allowed to discipline child?

GENERAL OBSERVATIONS ON HOME RECORDS FOR PARENTS

The following forms have been devised for use in parent groups in connection with the regimen of training of the appetites and emotions as indicated in the chapters of Part I. They have thus a use in the discovery of the facts of the average and usual home situation that could hardly be obtained in any other way. They also are invaluable as a means of training the parents to take an objective attitude towards themselves and their children. If kept accurately and consistently they show what, as parents, we *do* in contrast to what we *think* we do. They often point the way to the correction of some fault of discipline. It is much better for parents to discover their mistakes through their own analysis, or even on a basis of comparison with the methods of others in a group, than to have them pointed out *ex cathedra* by even the most tactful of leaders. Our experience has been that parents are keenly alive to the value of such record-keeping, and are most willing to coöperate and profit therefrom. This readiness may be accentuated when they are face to face with an urgent problem, but even when development is progressing smoothly there is with intelligent parents an interest in examining in detail their child's behavior.

The second use of the form is in connection with the consultation service recommended when some special difficulty has to be analyzed. The consultant then advises the keeping of the appropriate form. This procedure may last over an extended period, as in cases of enuresis—for example, the eliminative record would then be kept during the period of treatment. Records are then the guide for recommendations as to treatment.

The forms, upon examination, will be self-explanatory and fairly unambiguous in their requirements. There is a

certain skill in making observations and recording them clearly, briefly and accurately. This skill does not come with motherhood, nor does it arise from earnestness and interest. Careful practice over a period of time is necessary.

The forms here shown have been adopted after several revisions, and can be used by any one who is anxious to see for himself what is actually transpiring within the home concerning the child's activities therein. Only by so doing and then comparing the results obtained with what is generally considered or actually known to be typical can the parent appreciate the environmental complexities of child-rearing.

If parents, either singly or in parent groups, are attempting to keep records, certain practical points should be kept in mind:

(1) Only one kind of record should be attempted at a time. This may, however, be kept for several children at once; as with the sleeping records it is possible in one week to enter the hours of sleep of two or three children. As far as possible the child should be unaware that he is being observed, except when advised to the contrary, e.g. in cases of enuresis.

(2) If records are being kept by a parent group it is essential that some one person be responsible for explaining and giving out records, for collecting them and seeing that they have been properly used. The interpreting of results calls for special training.

(3) *Accuracy* is indispensable. Too much uniformity in the record always leads one to suspect that the parent is guessing or is not recording the event at the time of its occurrence.

(4) In addition to the special forms which follow, we would suggest the keeping of a notebook in which the baby's development from birth on can be recorded in its significant details. The foregoing chapters should help the mother to understand the type of incident which is significant and worthy to be recorded.

HOME RECORDS FOR PARENTS

Form I—Daily Record.

The purpose of this chart, page 327, is to envisage clearly the daily program of the child. It enables parents to check their own procedures in regard to regularity of routine, and is useful for purposes of comparison in a group. In particular it shows the balance in the child's life of work and play, of routine and freedom.

Forms should be filled in for at least three consecutive days. A great body of data can be obtained through this form, which can be analyzed under its appropriate headings. The table showing times for outdoor and indoor play given in Part I, chapter vi, p. 140, was derived from forms of this type kept by mothers in our groups.

Form II—Weekly Meal Chart.

For adequate information in cases of feeding difficulties this chart should be used. It should be kept over the period during which the difficulty persists. This chart is one of the most difficult to enter faithfully over a period of time.

From birth onward any special incidents in regard to feeding should be noted in the notebook used for recording the baby's development. In particular the routine followed at *weaning* and the subsequent behavior in regard to food should be carefully noted.

FORM I

Daily Record

Name: Birth Date: Date:

Activity	Time		
	Beginning	Ending	
Awake			
Up			
Dressing			Did child dress himself alone? With assistance?
Breakfast			
School or Play: Outdoor Indoor			Did child play alone? With adults? With other children?
Midday meal			
School or After-noon nap: Put to bed Asleep Up			
Play: Outdoor Indoor			Did child play alone? With adults? With other children?
Supper			
After-supper activities			State nature of activies
To bed			
Asleep			
Tasks (including piano practice)			State nature of tasks and time engaged at each

FORM II

Weekly Meal Chart

Name: Date:

Diet

(Indicate the food which was given to child) (Give time of beginning meal and of rising from table)

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Breakfast							
Time							
Midday							
Time							
Evening							
Time							
Other food							
Time							
Refused above foods B.							
M.							
E.							
Companionship B.							
M.							
E.							

Emotional Episodes
Apparent Cause

Form III—Weekly Sleep Chart.

This form, p. 330, is of interest regardless of any special problems involved in sleeping. It should be kept for each of the four seasons to show seasonal variations, if any, in sleep. Observations on the effect of daylight saving on the child's sleep would be valuable. *A Study of the Sleeping Habits of Children,* by Nellie Chant and W. E. Blatz, Genetic Psychology Monographs, vol. iv, no. 1, 1928, is a report based in part on data collected by such records.

Form IV—Eliminative Record.

This form, p. 331, should be kept for three-day periods at regular intervals during the time when training is being established. It is also used as a preliminary to advice from the consultant in cases of enuresis.

Significant incidents in connection with bowel or bladder control should also be recorded in the baby's book.

Form V—Play Activities.

As the keeping of this form is somewhat more complicated than those already given, detailed instructions covering the method of keeping the record were issued to the groups with the forms. These instructions precede the form, page 332.

FORM III

Weekly Sleep Chart

Parent's Name: Date:
Child's Name: Birth Date:

Afternoon Nap

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Time of going to bed							
Time of going to sleep							
Time of waking							
Time of getting up							
Behavior: Restless, quiet, etc.							

Night Sleep

Time of going to bed							
Time of going to sleep							
Time of waking in morning							
Time of getting up							
Interruptions during night (state time): Urination, etc., crying, etc., wakefulness							
Preliminaries to sleep							
Sleeping conditions: Separate bed Separate room Window open Must house be kept quiet?							
Activities in morning before being dressed							
Unusually heavy sleep—hard to waken?							

FORM IV

Eliminative Record

Name of Child: Birth Date: Date of Record:

Bladder Control

Time of day	On toilet	Did child ask?	Wet clothing or bed?	Remarks

Bowel Control

Time of day	On toilet	Did child ask?	Soiled clothing or bed?	Remarks

What type of training have you used:
In bladder control?
In bowel control?

At what age did you begin training:
In bladder control?
In bowel control?

FORM V

Instruction Sheet

Play Activities

General Instructions.

Use separate sheet for each day.

Observations should be made without the child's knowledge —if possible from an adjoining room.

Make observations for at least five periods of half an hour or more, indoor and outdoor, made on separate days.

Time.

Enter in the left-hand column the time at which the child begins any activity. Make an entry in the right as soon as he leaves off that activity.

If he interrupts the activity for more than a minute, note the beginning and ending of the interruption.

If he resumes a former activity after an interruption, enter the times as if for a new activity.

Note whether the termination of an activity is due to an interruption from some one else or to change of interest on the part of the child.

Material.

State what toys or materials the child uses. Be explicit, e.g. give size, number and kind of blocks. If a task, state the nature of the task, e.g. washing dishes, piano practice, etc.

Nature of Activity.

Describe explicitly what the child does.

Companionship.

Note who are with the child, giving ages of other children, also relationships, e.g. father, sister Mary aged eight, etc.

Note if companions are passive spectators or are coöperating in the activities of the child.

FORM V

Play Activities

Child's Name: Birth Date: Date of Record:

Hour		Material or task	Indoor or Outdoor	Nature of Activity	Companionship	
Beginning	Ending				Adults	Children

Form VI—Emotional Disturbance Chart.

This form may be kept for three consecutive days, during which time *any* incident which appears to disturb the normal calm of the child's behavior should be noted, with appropriate details as indicated by the headings of the various columns.

If emotional behavior, such as tantrums or fears, is reported to the clinic, this form is kept over a longer period as a preliminary to any recommendations of treatment. It is furthermore used to follow up any recommendations made as an ameliorative measure.

FORM VI

Emotional Disturbance Chart

Name: Date:

Give in your own words the description of the episode, noting carefully:

Date—time of beginning—apparent cause—who were present—behavior of child—treatment employed—time of apparent recovery—after-effects, e.g. sulking, etc.

Date	Time beginning	Time ending	Persons present	Apparent cause	Behavior during and after	Treatment

INDEX

Activity, 29-30, 114, 285-6, 295.
Adjustment, 10, 268-73, 305.
Adler, 3.
Adult attitudes, 55-8, 81, 96-7, 207, 276, 277.
  education, 11.
Afternoon sleep, 76-7.
Aldrich, 48.
"All or none" principle, 77, 225.
Anger, 183, 223-4, 232-3, 297.
Anxiety, 56.
Appetites, 27-31, 295-6.
Association, 39, 94.
Attention: desire for, 59-60, 65, 86.
  span of, 125.
  gained by tantrums, 233-6.
Attentive adjustment, 294.
Attitudes: motor, 178, 298.
  parental, 178-9, 191-3, 276, 277, 281-2.
  experimental, 41, 281.
Awareness, 184-5.

Bedtime hour, 77, 85.
Behavioristic method, 290.
Biological, 256, 268, 293.
Bladder: control, 93-6.
  difficulties of, 108-9.
Blanton, 18, 42, 49, 54, 64, 84, 106, 167, 195.
Bowel: control, 92-3.
  irregularities, 102-3.
  routine, 108.
Breathing, 28.
Burnham, 44, 83-4, 135, 188.

Cameron, 98, 106, 238.
Cannon, 178.
Change, 114, 296.
Child-parent relation, 11-2, 15, 21-6, 65-6, 185-8, 198-9, 269-70.
Child Study, 4-6, 11-3, 274.
Child Study Association, 11.
Circular response, 227-8, 270.
Clinic, 273, 276, 302, 305.
Clothing: sleeping-suits, 80.
  play-suits, 128.
"Common consciousness," 38, 149.
Comparative Psychology, 291.
Compulsions, 210.
Conditioning, 31-5, 39-40, 44-5, 94, 100-1, 297.
Consistency, 38.
Control: group, 266.
  of experiment, 286, 291.
Consultation service, 276, 305, 309-11.
Cross-section method, 252, 265.
Curative standpoint, 247, 277-8, 280-1.
Curiosity, 147, 285.

Dependency, 191-2, 269.
de Schweinitz, 157.
Determinisms, 256-61.
Development, stages of, 259-60, 261, 262-3.
Diagnosis, 250, 266, 285.
Difficulties, solving of, 224-28.
Discipline, 13-4, 65, 200-1, 280-1.
Discussion, 303.
Distractibility, 125.
Dominance, 60, 134, 269-70.
Dreams, 83.
Dressing, 105.

Eating habits: three stages, 49.
  at table, 53-5.
  correction of, 60-2.
  case problem, 67-70.
Education, 249, 276-7, 284-5.
Eidetic imagery, 290.
Elimination, 30, 91, 108-9, 296.
Emancipation of children, 279.
Emotion: nature of, 175, 184, 296.
  bi-polarity, 179, 190.
  control of, 6, 193.
  induction of, 195.
Emotional: disturbances, 83.
  reactions to foods, 57-8.
  reactions to adults, 81-2.

Enuresis, 97-102, 110-12, 306.
Environment, 13, 253-4, 257-8.
  social, 128-30, 299.
Equanimity, 38.
Exhibitionism, 162-64.

Failure, 14, 300.
Family life, 13, 19-20, 132-3, 306-7.
Farrar, 248.
Fatigue, 82-3, 232, 297.
Fear: nature of, 296-8.
  conditioning of, 206-7, 220-22.
  unconditioning of, 210-11, 218-19.
  contagious, 207.
  control of, 211-14.
Feeling, 191-2, 299.
Follow-up records, 277, 306.
Food: new, 51.
  see eating, 47.
Frank, Lawrence K., 135, 162.
Freedom, 43, 279.
Freud, 6, 41, 190, 258, 287.
Froebel, 5.

Galloway, 159, 167.
Genetic conception, 255, 262-3.
Gesell, 266.
Gestalt, 283, 289, 290.
Gruenberg, 14.

Habit: nature of, 32-5.
  value of, 35-7.
  forming of, 37-41.
  breaking of, 41-2, 46.
Habit clinics, 7.
Hadfield, 272.
Hall, 5, 114.
Hamilton, 292.
Health, program for, 252.
Heredity, 226, 235-6, 256-7.
History forms, 305-6, 312.
Holt, 8.
Home records, 304, 324.
Howes, 188.
Humor, 202-3.
Hunger, 28-9, 47.

Individual, 268-9.
Infant, 49, 181-4, 266, 299.
Inferiority, 189, 229.
Inhibition: of movement, 30.
  of sleep, 73.
  through sex, 153, 162.
Insight, 225-6.
Introspections, 288.
Investigation, 284.

Jaensch, 290.
James, 36, 44, 260.
Jealousy, 99, 229, 234, 297.
Jones, Mary C., 210.

Kirkpatrick, 38, 149.
Köhler, 292.

Laugh, 289.
Laboratory experimentation, 286.
Lehman and Witty, 114, 132, 138.
Longitudinal method, 250-2, 263-5.
Love, 182, 296.

Mackenzie, 263.
Manipulation of utensils, 52.
March, Norah, 149.
Marriage, 187.
Mastery, 184, 269-70.
Masturbation, 160-2, 268.
Mateer, 32.
Material conditions, 13.
Maturity: and mental hygiene, 36-7, 259-60, 282.
  and development, 290.
Maxims, government by, 14.
McDougall, 187, 192, 195, 299.
  meaning, 288, 290.
  memory, 288.
Mendel, 257.
Mental: hospitals, 251.
  hygiene, 7, 247, 274, 285.
  post-mortem, 250.
Method: longitudinal, 250-2, 263-5.
  cross-section, 265-6.
Milne, A. A., 58, 210.
Mind, 252-4, 289.
Modesty, 163.
Montessori, 9.
Motivation, 101, 262-3, 293.
Motor: attitudes, 298.
  development, 124-5, 127-8.

Nail-biting, 46.
Negative reactions, 186-7.
Negativism, 58-9, 95, 103, 189-90.
Nervousness, 202.
Normal, what is?, 252, 254, 272, 301.
Norms of development, 266.

Nursery School: origin, 9.
field for research, 9-10.
relation to parent education, 274.
relation to the home, 10-1.
value for social training, 134-6.

Obedience, 224, 234-6.
Observations: needed, 4.
directed, 287, 292.
Over-belief, 258.
Over-stimulation, 55, 129, 132-3, 231-2.

Parent-child relation, 12, 15-7, 21-6, 269.
Parental: attitudes, 19, 91, 149, 276, 277.
responsibilities, 15, 278-80.
education, 274.
Pavlov, 32.
Pediatrics, 8.
Person, 283-4, 299.
Personality, 60, 271, 301.
Pestalozzi, 5.
Philosophic standpoint, 285.
Play: an appetite, 29, 113.
theories of, 113-4.
regulation of, 120-1.
social, 128-30.
solitary, 130-2, 141.
case problem, 143.
materials, 123-6.
room, 121-3.
schools, 134-5.
suits, 128.
Pleasant, 299.
Positive: reaction, 186.
self-feeling, 192.
Postulates, 283.
Pre-natal development, 292.
Pre-school period, 9, 262, 273, 299.
Prevention, 248, 251, 285, 301-2.
Prayer, 4.
Psychoanalysis, 258-9, 287.
Psychiatry, 248.
Punishment, 33, 102, 280-1.

Questions of children, 152, 289-90.

Rating scales, 292.
Readings for parents, 303-4.
Regression, 50, 101, 189, 190-1.
Regularity, 38.
Reminiscences (retrospection), 287.
Research: in child study, 284-5.
through parent groups, 275.
Richards, 7.
Rousseau, 5.
Routine of training, 43, 118-20, 230.
Russell, 212.

Satisfaction, 39-40, 295-6.
Scientific standpoint, 285.
Self-tendencies, 27, 184, 191-2, 299.
Sentiment, 194.
Sex: an appetite, 30-1, 146, 296.
shock, 264.
questions, 152, 168-9.
correct terms, 154.
differences, 154-5, 169-70.
instruction, 156.
books on, 157-8.
conventions, 170.
attitudes, 147-51.
case problem, 172-4.
Shinn, 4.
Sidis, 73.
Sleep: an appetite, 29, 71, 296.
conditions of, 73-5.
routine of, 75-6.
seasonal variations, 77-8.
hours of, 85.
case problem, 88-90.
Sleeping: alone, 80-1.
habits, 72, 86.
Social: agencies, 272.
contagion, 207, 230-1.
environment, 128-30, 298-9.
sciences, 267-8, 283.
Social Hygiene Council, Minneapolis, 152.
Stern, 4.
Stevenson, 78, 208.
Stimulus, 293-4.
Substitution, 42.
Success and failure, 14, 300.
"Sympathetic induction of emotion," 195.
Symptoms vs. causes, 24-5, 248-9, 275, 281.

Table manners, 47, 54.
Tantrums: anger reaction, 223-4.
control of, 235-6.
causes of, 239-40.
case problem, 241-4.
Technique of child study, 282, 285.

Tensions, 103, 135, 162, 195, 226, 231.
Tests, 287.
Thirst, 28, 296.
Thom, 7, 18, 35, 126, 138, 215, 238.
Thorndike, 204, 260.
Thumb-sucking, 41-2, 46.
Toys: in bed, 80, 87.
selection of, 123-6.
care of, 126-7.

Unconditioning of fears, 210.
Unpleasant, 299.

Vomiting, 61-2, 143.

Wakefulness, 82.
Washing, 103-5.
Watson, 6, 177, 182-4, 197, 205-7, 210, 215, 297.
Weaning, 28, 49.
Wellman, 127.
Wile, 7.
Witty and Lehman, 114, 132, 138.
Woodworth, 197.
Work and Play, 115-8.

Yerkes, 292.

649.1 B64

a39001 007487591b

649.1
B64
71-1
72-1
73-1